

MOTOR CITY KNIGHTS LACROSSE

Coaching Application Form

Full Name _____ DOB _____

Address: _____

City _____ State _____ Zip _____

Driver Lic. # _____

Employer: _____ Work Ph#: _____

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of a felony? Yes / No

If yes, please explain

Yrs. of experience coaching lacrosse: 0 1 2 3 4+

If any, what level? K - 4th grade 5/6 7/8 HS College Camps Clinics

Motor City Knights Lacrosse and Vision Lacrosse Academy reserve the right to do a background check on any individual who applies for a coaching position. This is only to protect our children and to give all the parents and players peace of mind. The players safety is always something that MCK and VLA take very serious. If an applicant is rejected, they will be notified privately.

Your signature below gives us authorization to perform the background check and MCK and VLA are responsible for keeping the results and your personal information confidential.

sign

date