Coach's Reference Form

Please complete one form for each coach your child trains with during the week/season.

Part A: Athlete Information

Applicant Name: _____ Sport: _____

Team Name: _____ Level: _____

Please check one: ▢ *Regional* ▢ *Provincial* ▢ *National* ▢ *International* ▢ *Other* _____

Part B: Coach's Information

Name: _____ License #: _____

Email: _____ Cell Phone: _____

Training Center Address: _____

▢ Head Coach ▢ Assistant Coach ▢ Manager ▢ _____

Part C: Training Schedule Information

Season: _____ (month) to _____ (month)

Please outline your average weekly training schedule.

DAY	MON	TUE	WED	THUR	FRI	SAT	SUN
TIMES							
TOTAL HOURS/ DAY							

Coach's Signature: _____ **Total # of Training Hours/Week:** _____

***Please note, individual schools may reach out to coaches for additional information.*