



Mail Form to:
LARA Coach Application
PO Box 190
Lindstrom, MN 55045

LARA Coaches Application

Name (complete legal) _____

Address _____ City _____ Zip Code _____

Phone _____ Day/Work Phone _____ Cell Phone _____

Email Address _____

Do you have a child/children in the program? Yes _____ No ____ If yes, what ages _____

What Activity do you wish to coach:

Traveling Baseball/Softball _____ Rec Baseball/Softball _____ Soccer _____

Flag Football _____ Basketball _____ Volleyball _____

What Age or grade level do you wish to coach?

Age _____ (Traveling program) Grade Level _____ (all other LARA Activities)

Previous Coaching Experience (if any), Comments and References:

Birth date: (For purposes of background check): _____

I understand that some of the above information is considered private under the Minnesota Government Data Practices Act, Chapter 13. This information will be used for programming purposes and given to people responsible for each program. By signing this form, I give permission to Lakes Area Recreation Association or it's representatives to take photographs, video, or audio footage of me for use in any media format.

As a LARA Volunteer Coach, I agree to abide by the LARA Code of Conduct and to fulfill my volunteer responsibilities to the best of my ability and in a manner consistent with the mission of Lakes Area Recreation Association.

Signature _____ Date _____

For Office Use Only
Date _____ Rec'd by _____