

Player Name: _____(Please Print)

District Secondary Academy Parent/Guardian Statement Form

Please indicate your reasons for supporting your son/daughter's application to the **Academy**:

****Complete this additional page only if you are applying for Lacrosse Academy**

Central Island Lacrosse Academy Coach Checklist

(To be completed by a current or past coach)

Player Information

Player Name _____

Position(s) _____

Current Lacrosse Club (if applicable) _____ Division _____

Level B A

Coach Information

Name of Coach (*please print*) _____ E-mail _____

Player Qualities

Skill Development

Knowledge of Game

Fitness Level _____

Sportsmanship _____

Effort

Leadership

Other

Coach Signature _____