



St. Paul Park Athletic Association

Coach's Application



Name: _____

Address: _____

Sport applying for (please circle): Baseball Softball Soccer

Position applying for (please circle): Head Coach Assistant Coach

What level or age group are you applying for? _____

Total years coaching this sport? _____ Number of years coaching this sport for SPPAA? _____

What age group(s) or level(s) have you coached in the past? _____

Briefly explain why you would like to coach: _____

Briefly explain your coaching philosophy: _____

Have you completed Concussion Awareness Training? ☐ Yes ☐ No

If YES, list date of completion (Note: training is good for 3 years): _____

Does SPPAA have a copy of your certificate of completion? ☐ Yes ☐ No

If NO, your approval will be delayed until proof of completion (a copy of the certificate) is submitted and on file with SPPAA.

Signature of Coach

Date

Coach's applications subject to SPPAA Board's approval