



## Coaches' Education Program

### Level 1 Instructional Clinic

2005-2006 Hosting Application Form/Clinic Grant Application Form

#### Application Timeline:

- June 1, 2005 – Clinic hosting applications available
- July 31, 2005 – Postmark deadline for sending completed applications
- September 16, 2005 – All clinic sites confirmed and dates set

*All clinics must take place between October 15, 2005 and February 15, 2006 OR between June 15, 2006 and November 15, 2006.*

#### Eligibility Requirements:

- Applicant must represent a chapter of US Lacrosse or be affiliated with a lacrosse league or program.
- Attendance at each clinic should be no less than 25 people. It is suggested that participation be open to a wider audience than just an individual team, etc. Those attending the clinic must be US Lacrosse members.
- Priority may be given to organizations that require their coaches to take the Level 1 online course in order to coach and those able to provide a boys' and girls' clinic simultaneously.
- US Lacrosse aims to host trainings in all 16 USL regions within the next year.

#### Hosting Application Requirements:

- Applicant must be a current member of US Lacrosse (apply online or contact the Member Services Center at [membership@uslacrosse.org](mailto:membership@uslacrosse.org) or 410.235.6882).
- **Pages 3-8 of the application form must be typed (use "Insert" lock to maintain form layout) and complete, including all contact information.**
- Please DO NOT submit additional materials (brochures, certificates, presentations, videos, etc.).
- Submit typed, completed application packet via mail or fax.

#### Additional Grant Application Requirements:

If applying for a Coaches' Education Clinic Grant, **you must also complete pages 9-11 of the application in addition to pages 3-7 (omit agreement on page 8), and also submit one (1), one-page letter of recommendation.** This is NOT required if applicant only applying to host a clinic.

#### Recommendation Letter (Grant applicants only):

**Please include one (1) one-page letter of recommendation.** Applicants **MUST** include one (1) one-page letter of recommendation and support for the applicant organization. The letters should reflect the organization's capacity to benefit from the clinic and commitment to



## **Coaches' Education Program**

### **Level 1 Instructional Clinic**

#### **2005-2006 Hosting Application Form/Clinic Grant Application Form**

the general welfare of its program participants. Letter must be from an adult other than grant contact person and should identify his/her relationship with the applicant organization.

#### **Coaches Education Clinic Host Requirements:**

Groups hosting a Level 1 Coaches' Education Clinic must meet the following requirements:

- Adhere to site hosting guidelines (see document), including appointing a clinic coordinator who is responsible for hosting duties.
- Provide and secure a facility that meets baseline requirements for clinic (see document)
- Sign and submit a Coaches' Education Clinic agreement which confirms agreement to complete the following tasks:
  - Immediately contact US Lacrosse to finalize clinic date within required timeframe and facility.
  - Commit to promoting the clinic to all chapter and/or area league coaches, prior to the clinic date, and communicating that current US Lacrosse membership of registrants is required.
  - Direct participants to online registration for clinic (pre-registration STRONGLY encouraged).
  - Encourage participants to take the Level 1 online courses prior to attending.
  - Submit a post-clinic report and evaluation of this program.
  - Reflect US Lacrosse support of event by including US Lacrosse promotional materials and references in communications with participants and community members (mail, website, etc.), and providing quotes regarding the program when appropriate and requested by US Lacrosse.

Please note: As this program develops, we are looking to potentially establish long-range, annually scheduled sites and hosting relationships that prove to be excellent for this learning experience. Established sites and hosts may not be subject to repeated non-grant hosting application process in the future.

#### **Please mail or fax complete application packet to:**

**Erin Smith, Manager of Education and Training**  
**US Lacrosse**  
**113 W. University Parkway**  
**Baltimore, Maryland 21210**  
**Fax: 410-366-6735**

**Questions: [sportdevelopment@uslacrosse.org](mailto:sportdevelopment@uslacrosse.org) or 410-235-6882, ext. 151**



## Coaches' Education Program

### Level 1 Instructional Clinic

2005-2006 Hosting Application Form/Clinic Grant Application Form

***Applicant Information (all information is required):***

Applicant name: Ms. Mrs. Mr. \_\_\_\_\_

Applicant Group/Organization Name: \_\_\_\_\_

Mailing address of applicant: \_\_\_\_\_

Phone (home and work) \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address: \_\_\_\_\_

Applicant's current US Lacrosse membership number: \_\_\_\_\_ *(please register online at [www.uslacrosse.org](http://www.uslacrosse.org) before submitting this application if not already a member)*

Is the applicant group/organization a: US Lacrosse Chapter Lacrosse league/team \_\_\_\_\_

Applicant's relationship to/experience with applicant group? \_\_\_\_\_

Will the applicant be the coordinator for the clinic? Yes No  
*(please see Hosting Responsibilities)*

If no, list the name, address, phone, e-mail and US Lacrosse membership number of clinic coordinator:

Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am applying to \_\_\_ Host a Clinic \_\_\_ Receive a Clinic Grant

If applying for a Clinic Grant, are you able to be considered to host even if not awarded the grant? \_\_\_ Yes \_\_\_ No

***Clinic Information (all information is required):***

Which Level 1 Instructional Clinic are you looking to host?

\_\_\_ Boys' \_\_\_ Girls' \_\_\_ Both

How many coaches will be attending this clinic? \_\_\_\_\_

Will all clinic participants be required to take the Level 1 online course before attending?

Yes: \_\_\_\_\_ No: \_\_\_\_\_



## Coaches' Education Program

### Level 1 Instructional Clinic

#### 2005-2006 Hosting Application Form/Clinic Grant Application Form

Will there be other lacrosse events or activities occurring during the clinic? Yes  No  If yes, please describe: \_\_\_\_\_

Please list the top three dates when you would like this clinic to occur between October 15, 2005 and February 15, 2006 OR between June 15, 2006 and November 15, 2006.\*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*\*Dates not guaranteed*

Please describe any other coaching clinics or other educational opportunities available in your area for lacrosse coaches? \_\_\_\_\_

\_\_\_\_\_

#### **Site information**

A. Location where clinic will be held (*please refer to Site Requirements*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

B. Cost, if any, for facility. Please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Contact person at site: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

D. Closest Airport: \_\_\_\_\_

Train Station: \_\_\_\_\_

Bus Station: \_\_\_\_\_



## **Coaches' Education Program**

### **Level 1 Instructional Clinic**

2005-2006 Hosting Application Form/Clinic Grant Application Form

**1. Please explain why your organization desires to host a Level 1 clinic and how this opportunity will benefit your lacrosse community as a whole:**

**2. Please describe the coaches who will be attending this clinic—what age/level players they work with, type of programs for which they coach, years of coaching experience, etc.**



## Coaches' Education Program

### Level 1 Instructional Clinic

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#### Level 1 Instructional Clinic Facility Information Worksheet

Clinic Type (boys', girls', combination):  
Date:  
Proposed start and end times (7 hours total):

Location of Clinic:  
(Please provide address and general directions)

Number of expected attendees:

Name of hosting coordinator and cell phone number:

**CLASSROOM SPACE:** Check all that will be available and set-up at time of clinic.

**Mandatory** (see limitations chart below for options)

Seating for ALL clinic attendees  
-Audio visual materials must be visible from seating  
-Describe classroom \_\_\_\_\_  
\_\_\_\_\_

LCD Projector with table for projector and laptop  
 Screen or wall for projection  
 Television  
 DVD Player

**Optional**

Overhead projector  
 Laptop computer: Specify which type of drive  
     CD-Rom Drive  
     DVD-ROM Drive  
 Microphone (required for over 100 attendees, suggested for over 75)

**Classroom 2** (for afternoon use if hosting a Combination Clinic)

Seats attendees from one of the two clinics  
 Outfitted with either additional LCD projector and laptop with video capability, or TV with DVD player.



## Coaches' Education Program

### Level 1 Instructional Clinic

2005-2006 Hosting Application Form/Clinic Grant Application Form

#### Level 1 Instructional Clinic Facility Information Worksheet

Limitation	Make available
No laptop available through trainer or facility	Overhead projector must be provided <i>and</i> TV with DVD player
<i>No video capacity on laptop (streaming through PPT or playing DVD)</i>	<i>TV and DVD player must be provided</i>
No LCD Projector	Overhead projector must be provided <i>and</i> TV with DVD player
<i>No TV and DVD Player</i>	<i>Laptop with DVD-ROM and projector and include large speakers that are compatible with laptop</i>

**GYM SPACE:** Check all that will be available and set-up at time of clinic.

**Must be provided by host**

At least 30 yards x 30 yards per clinic

Indoor

Outdoor (preferable)

-If outdoor, MUST have inclement weather space available inside-describe below

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Goals (1 if single clinic, 2 if combination)

Game specific goal area lines

Ice and water

**Check if host can provide (if not, US Lacrosse will partner to provide)**

Pinneys

Cones

Balls

Sticks

Approved Eye Protection

Mouthguards

Additional information about facility or groups attending:



## Coaches' Education Program

### Level 1 Instructional Clinic

#### 2005-2006 Hosting Application Form/Clinic Grant Application Form

**Non-grant hosting applicants only.** (Grant applicants sign agreement on page 10)

#### CEP Level 1 Instructional Clinics

##### Hosting Agreement/Cost-Sharing Plan

##### Guidelines:

- Hosting organizations shall provide reliable, committed site coordinator (see Hosting Responsibilities sheet).
- Facility must meet site requirements outlined on Site Requirements sheet.
- A minimum of 25 coaches per training recommended.
- Hosting organization must demonstrate ability to reach multiple coaching groups—clinics are not intended for individual teams.
- Encouraged to hold a men's game and women's game clinic on same day.

##### Hosting organization responsible for:

1. Cost of site (if not able to be secured at no cost)
2. Securing of AV materials (if not able to be secured at no cost)  
*USL will reimburse host organization up to \$250 for site and AV materials if registration is over 50 total participants (Prior site approval and all invoices must be submitted for eligibility)*
3. Providing lunch on-site for all clinic attendees
4. Local marketing, publicity, and communications with participants

##### US Lacrosse will provide:

- Certified Level 1 trainer(s) (Names and bios provided ahead of time)
- Travel, room and board for trainers when necessary
- Trainer compensation
- Online registration
- National publicity of clinics and support materials for local marketing
- Clinic materials for attendees
- Loaned clinic equipment such as mouthguards, protective eyewear, pinneys and sticks when necessary (on loan except mouthguards)
- Certificate of Insurance for hosting site when needed

US Lacrosse reserves the right to cancel a clinic if pre-registration interest is lower than minimum requirement one week prior to clinic.

I verify that in submitting this application I have read 1) the scope and overview of the Level 1 Instructional Clinics, 2) facility requirements, and 3) hosting responsibilities. I verify that my organization is able to cover the costs outlined in the cost-sharing plan and that US Lacrosse reserves the right to cancel the clinic if pre-registration is below minimum required number of attendees one week prior to the clinic.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Coaches' Education Program**

### **Level 1 Instructional Clinic**

2005-2006 Hosting Application Form/Clinic Grant Application Form

#### **Additional Grant Applicant Information (page 1)**

**1. Please describe the financial constraints for your organization that would limit your ability to host a Level 1 clinic without a grant.**

**2. Please describe what you hope your coaches will achieve through participation in a Level 1 Instructional Clinic.**



## **Coaches' Education Program**

### Level 1 Instructional Clinic

2005-2006 Hosting Application Form/Clinic Grant Application Form

#### **Additional Grant Applicant Information (page 2)**

I verify that in submitting this application I have read 1) Frequently Asked Questions about the grant program 2) the scope and overview of the Level 1 Instructional Clinics, 3) facility requirements, and 4) hosting responsibilities. I understand that the fulfillment of this grant, if awarded, is based on availability of trainers and the site where the clinic is to occur.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Coaches' Education Program

### Level 1 Instructional Clinic

2005-2006 Hosting Application Form/Clinic Grant Application Form

#### Additional Grant Applicant Information (page 3)

#### Supplementary Speaker Grant Request/Interest Form

When available, US Lacrosse may be able to also send a "high profile" coach in addition to your qualified Level 1 trainer as special guest speaker for your clinic. This is based on coach availability and cannot be guaranteed.

No, we do not wish to have a special guest speaker.

Yes, I we are interested in this opportunity in addition to the clinic grant

OPTION 1: Special guest speaker for coaches

Coach I would like to request as a guest speaker:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Suggested Topics (30 minutes to an hour):

\_\_\_\_\_

Any particular coaching or playing topics on which you'd like the guest speaker to focus (max. 30 minutes to an hour)?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are there any coaches in particular you would like to request?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I would prefer a highly experienced (please rank from 1-4, 1 as your highest preference):

Youth coach  High School coach  College coach  Which ever is available