

SUPER COACH ² WEEKEND REGISTRATION

PLEASE PRINT

SESSIONS (Check all that apply)

- ☐ Make Ethical Decisions/
Nutrition
- ☐ Teaching and Learning

Please see schedule to assist with your selections

- ☐ Planning a Practice
- ☐ Design a Basic Sports Program
- ☐ Prevention and Recovery
- ☐ SO Competition Coaching
Course
- ☐ Athletes with ASD and
Challenging Behaviours

SPORT(s): _____

NCCP# (if unable to remember number please print "I have one" below)

LAST NAME: _____

FIRST NAME: _____

NAME OF HOME CLUB: _____

ADDRESS: _____

TOWN: _____

PROV: _____

POSTAL CODE: _____

LANGUAGE: (Please check all that apply)

- ☐ English
- ☐ French

HOME PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: (mandatory)

GENDER: ☐ Male ☐ Female ☐ Other

DAY MONTH YEAR

EMAIL: _____

