CAMBRIDGE MINOR HOCKEY ASSOCIATION HOUSE LEAGUE-HOUSE LEAGUE SELECT COACH APPLICATION 2012-13

DUE DATE - APRIL 16, 2012

NAME	
ADDRESS	
CITY	POSTAL CODE
HOME PHONE	CELL PHONE
EMAIL ADDRESS	
DO YOU CURRENTLY HOLD A COACH, TRAINER OR SPEAK OUT CERTIFICATION (circle one) YES NO	
NUMBER OF YEARS COACHED IN CMHA LAST TEAM COACHED (year and division)	
NUMBER OF YEARS COACHED ELSEWHERE LAST TEAM COACHED (year and division)	
HAVE YOU BEEN INVOLVED IN ANY OTHER HOCKEY CAPACITY IN THE PAST? YES NO	
POSITION (circle) ASST. COACH	TRAINER MANAGER EXECUTIVE
HAVE YOU COACHED/MANAGER IN ANY OTHER SPORT?	
WHAT SPORT	WHEN
WHERE	POSITION
TEAM APPLYING FOR IN 2011-12 (circle)	
FIRST CHOICE MINOR NOVICE ATOM PEEWEE BANTA	
SECOND CHOICE MINOR NOVICE ATOM PEEWEE BANTA	
THIRD CHOICEMINORNOVICEATOMPEEWEEBANTA	

IF NOT SELECTED FOR A HEAD COACHING POSITION, WOULD YOU BE WILLING TO ASSIST ANOTHER HEAD COACH? YES NO

DO YOU HAVE A CHILD PLAYING AT THE DIVISION(S) YOU ARE APPLYING FOR? YES NO

BRIEFLY DESCRIBE YOUR COACHING PHILOSOPHY?

BRIEFLY OUTLINE YOUR PLANS FOR THE TEAM FOR THE UPCOMING SEASON

IF ACCEPTED AS A COACH IN CMHA, I AGREE TO SUBMIT A POLICE RECORDS CHECK

IF ACCEPTED AS A COACH IN CMHA, I AGREE TO SUBMIT A POLICE RECORDS CHECK AT THE REQUEST OF SUPERVISOR OF COACHES OR A DIVISION CONVENER

IF ACCEPTED AS A COACH, I AGREE TO ABIDE BY THE MANUAL OF OPERATION OF CMHA, THE CMHA CONSTITUTION, THE RULES AND REGULATIONS OF OUR GOVERNING BODY (ALLIANCE HOCKEY) AS WELL AS FOLLOW ALL THE GOALS AND PHILOSOPHIES OUTLINED THEREIN.

SIGNATURE _____

DATE _____

PLEASE RETURN TO: Cambridge Minor Hockey Association P O Box 489 Cambridge, ON N1R 5V5 Fax 519-621-2872 OR: HOCKEY OFFICE, McINTOSH ARENA