



**CAMBRIDGE MINOR HOCKEY  
ASSOCIATION**

**AAA & AA/A COACH'S APPLICATION  
2014 - 2015**

To be returned to the Cambridge Minor Hockey Office no later than Feb 3/14.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PHONE(HOME) \_\_\_\_\_ PHONE(BUS.) \_\_\_\_\_

Email address \_\_\_\_\_ CELL # \_\_\_\_\_

DO YOU HOLD AN N.C.C.P. NUMBER? YES NO

NUMBER OF YEARS COACHING IN CMHA AAA \_\_\_\_ A \_\_\_\_ MD \_\_\_\_  
SELECT \_\_\_\_ HOUSE LEAGUE \_\_\_\_

NUMBER OF YEARS COACHING IN OTHER CENTRES AAA \_\_\_\_ AA \_\_\_\_ A \_\_\_\_ MD \_\_\_\_  
SELECT \_\_\_\_ HOUSE LEAGUE \_\_\_\_

PRESENT TEAM \_\_\_\_\_ CIRCLE LEVEL: AAA AA A MD S HL

PERSONAL PLAYING EXPERIENCE, INCLUDING LEVEL \_\_\_\_\_

POSITION (CIRCLE) COACH ASST. COACH TRAINER

HAVE YOU COACHED/MANAGED IN ANY OTHER SPORT?

WHAT SPORT \_\_\_\_\_ WHEN \_\_\_\_\_

WHERE \_\_\_\_\_ POSITION \_\_\_\_\_

**TEAM APPLYING FOR IN 2013-14 (Indicate Division and Circle Level of Competition )**

FIRST CHOICE \_\_\_\_\_ AAA A MD

SECOND CHOICE \_\_\_\_\_ AAA A MD

THIRD CHOICE \_\_\_\_\_ AAA A MD

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

COACHING STAFF NAMES ARE NOT REQUIRED UNTIL AFTER TRYOUTS

**A CERTIFIED TRAINER MUST BE PRESENT AT ALL TRYOUTS, NOT NECESSARILY ONE FROM YOUR TEAM.**

DO YOU HAVE A CHILD PLAYING AT THE DIVISION YOU ARE APPLYING FOR? YES NO  
IF YES, WHAT LEVEL DID HE/SHE PLAY LAST YEAR? AAA A MD S HOUSE LEAGUE

WHAT IS YOUR COACHING PHILOSOPHY? (BRIEF) \_\_\_\_\_

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**PLEASE SUBMIT A YEAR PLAN FOR THE TEAM(S) YOU ARE APPLYING FOR.**

IF ACCEPTED TO A COACHING POSITION BY CMHA, I AGREE TO SUBMIT A POLICE RECORD CHECK AT THE REQUEST OF THE COACHING SUPERVISOR.

IF ACCEPTED TO A COACHING POSITION BY CMHA, I AGREE TO ABIDE BY THE MANUAL OF OPERATIONS, THE CMHA CONSTITUTION, THE RULES AND REGULATIONS OF OUR GOVERNING BODY (ALLIANCE HOCKEY) AS WELL AS FOLLOW ALL THE GOALS AND PHILOSOPHIES OUTLINED THEREIN, INCLUDING UPGRADING MY NCCP LEVEL, IF REQUIRED AND ABIDING BY ANY DRESS CODE SPECIFIED FOR COACHING STAFF AND PLAYERS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN TO:  
Cambridge Minor Hockey Association  
P O BOX 489  
CAMBRIDGE, ON N1R 5V5  
[cmhaoffice@gmail.com](mailto:cmhaoffice@gmail.com)

OR: HOCKEY OFFICE, GALT ARENA GARDENS  
OR: (Fax) 519-621-2872