



CAMBRIDGE MINOR HOCKEY ASSOCIATION

MD COACH'S APPLICATION

2014 – 2015

To be returned to the Cambridge Minor Hockey Office no later
than April 30/14.

NAME _____

ADDRESS _____

POSTAL CODE _____ PHONE(HOME) _____ PHONE(BUS.) _____

Email address _____ CELL # _____

DO YOU HOLD ANY N.C.C.P. CERTIFICATION? 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 _____ MD

SECOND CHOICE _____ MD

THIRD CHOICE _____ 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) _____

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

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