



CAMBRIDGE MINOR HOCKEY ASSOCIATION

A & MD COACHING APPLICATION

2015 – 2016

To be returned to the Cambridge Minor Hockey Office no later than May 1, 2015.

Name _____ Date Of Birth _____

Address _____

Postal Code _____ Phone(Home) _____ Phone(Bus.) _____

Email address _____ Cell # _____

Coaching Certification: Yes No Trainer's Certification: Yes No

Highest Coaching/Training Level attained: _____

What is the highest level of hockey you played? _____

Present Team: _____
Position Centre Age Division Classification

Previous Teams: _____ Year: _____
_____ Year: _____
_____ Year: _____

Have you coached or managed in any other Sport?

What Sport _____ When _____

Where _____ Position _____

Team applying for in 2015-16 (circle level)

First Choice _____ A MD

Second Choice _____ A MD

Third Choice _____ 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 classification does he/she play this season? AAA A MD S HL

What is your Coaching Philosophy? (Brief) _____

Please submit a Year Plan for the Team(s) you are applying for.

If selected to a coaching position, I agree to submit a Police Vulnerable Sector Record Check at the request of CMHA.

If selected to a coaching position, I agree to abide by the Manual of Operations, the CMHA Constitution, the Rules and Regulations of our Governing Bodies (Alliance Hockey, OHF, Hockey Canada).

If selected to a coaching position, I agree to upgrade my Coaching Certification, if required.

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 to 519-621-2872

Thank you for your interest and cooperation.