

**CAMBRIDGE MINOR HOCKEY ASSOCIATION
HOUSE LEAGUE SELECT
COACHING APPLICATION
2018-19**

DUE DATE - JUNE 15, 2018

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DO YOU CURRENTLY HOLD A COACH, TRAINER OR RESPECT IN SPORT
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 2018-19 (circle appropriate Division)

FIRST CHOICE MINOR MAJOR
NOVICE ATOM PEEWEE BANTAM MIDGET SELECT

SECOND CHOICE MINOR MAJOR
NOVICE ATOM PEEWEE BANTAM MIDGET SELECT

THIRD CHOICE MINOR MAJOR
NOVICE ATOM PEEWEE BANTAM MIDGET SELECT

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 AT THE REQUEST OF SUPERVISOR OF COACHES OR A DIVISION CONVENER BY THE DATE REQUESTED.

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, GALT ARENA
OR: email - cmhaoffice@gmail.com