CAMBRIDGE MINOR HOCKEY ASSOCIATION HOUSE LEAGUE SELECT COACHING APPLICATION 2019-20

DUE DATE - JUNE 14, 2019

NAME
ADDRESS
CITYPOSTAL 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
NUMBER OF YEARS COACHED ELSEWHERE
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 CHOICEMINORMAJORNOVICEATOMPEEWEEBANTAMMIDGETSELECTIF 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

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 - <u>cmhaoffice@gmail.com</u>

DATE