



# CAMBRIDGE MINOR HOCKEY ASSOCIATION

## A COACHING APPLICATION

2020 – 2021

To be returned to the Cambridge Minor Hockey Office no later than January 15, 2020.

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone(Home) \_\_\_\_\_ Phone(cell) \_\_\_\_\_

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 2020-21

First Choice \_\_\_\_\_ A

Second Choice \_\_\_\_\_ A

Third Choice \_\_\_\_\_ A

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](mailto:cmhaoffice@gmail.com)

Or: Hockey Office, Galt Arena Gardens

Or: Fax to 519-621-2872

Thank you for your interest and cooperation.