

## CAMBRIDGE MINOR HOCKEY ASSOCIATION

## MD COACHING APPLICATION 2020 - 2021

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

| Name                         | Da                  | Date Of Birth |                |             |              |                |
|------------------------------|---------------------|---------------|----------------|-------------|--------------|----------------|
| Address                      |                     |               |                |             |              |                |
| Postal Code Phone(Home) _    |                     |               | Phone(cell)    |             |              |                |
| Email address                |                     |               |                | Ce          | ell #        |                |
| Coaching Certifica           | tion: Yes           | No            | Trainer's Cert | ification:  | Yes No       | 0              |
| Highest Coaching/            | Training Leve       | el attaine    | d:             |             |              |                |
| What is the highest          | level of hocl       | key you p     | layed?         |             |              |                |
| Present Team:                | Position            |               | Centre         | Age         | e Division   |                |
| Previous Teams:<br>          |                     |               |                |             | Year:_       |                |
| Have you coached             | l or manage         | d in any o    | other Sport?   |             |              |                |
| What Sport                   |                     |               | When           |             |              |                |
| Where                        |                     |               | _ Position     |             |              |                |
| Team applying for i          | n 2020-21           |               |                |             |              |                |
| First Choice _               |                     |               |                |             | MD           |                |
| Second Choice _              |                     |               |                |             | MD           |                |
| Third Choice _               |                     |               |                |             | MD           |                |
| If not selected for a Coach? | Head Coad<br>'es No | ching pos     | ition, would y | ou be willi | ng to assist | t another Heac |

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 \_\_\_\_\_\_ Please return to: Cambridge Minor Hockey Association P O BOX 489 CAMBRIDGE, ON N1R 5V5 cmhaoffice@gmail.com Or: Hockey Office, Galt Arena Gardens

PLEASE NOTE: ALL APPLICANTS' NAMES WILL BE PUBLISHED ON THE CMHA WEBSITE FOR FEEDBACK. NO EXCEPTION WILL BE MADE TO THIS POLICY.

Thank you for your interest and cooperation.