



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 LEVEL DID HE/SHE PLAY LAST YEAR? AAA A MD S HOUSE LEAGUE

WHAT IS YOUR COACHING PHILOSOPHY? (BRIEF) \_\_\_\_\_

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BRIEFLY OUTLINE YOUR PLANS FOR THE TEAM FOR THE UPCOMING YEAR (POINT FORM)

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IF ACCEPTED TO A COACHING POSITION BY CMHA, I AGREE TO SUBMIT A POLICE RECORD CHECK AT THE REQUEST OF THE COACHING SUPERVISOR.

IF ACCEPTED TO A COACHING POSITION BY CMHA, I AGREE TO ABIDE BY THE MANUAL OF OPERATIONS, THE CMHA CONSTITUTION, THE RULES AND REGULATIONS OF OUR GOVERNING BODY (ALLIANCE HOCKEY) AS WELL AS FOLLOW ALL THE GOALS AND PHILOSOPHIES OUTLINED THEREIN, INCLUDING UPGRADING MY NCCP LEVEL, IF REQUIRED AND ABIDING BY ANY DRESS CODE SPECIFIED FOR COACHING STAFF AND PLAYERS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN TO:  
Cambridge Minor Hockey Association  
P O BOX 489  
CAMBRIDGE, ON N1R 5V5

OR: HOCKEY OFFICE, McINTOSH ARENA  
OR: (Fax) 519-621-2872