BRID BRID HAVVIKS	CAMBRIDGE MINOR HOCKEY ASSOCIATION COACH'S APPLICATION 2012 – 2013 To be returned to the Cambridge Minor Hockey Office no later than Feb 21/12.					
ADDRESS						
POSTAL CODE	PHONE(HOME) _		_ PHONE(BUS.)		
Email address			CELL #			
DO YOU HOLD AN N	.C.C.P. NUMBER?	YES	NO			
NUMBER OF YEARS C				F		
NUMBER OF YEARS C	COACHING IN OTHER CE	NTRES AAA	HOUSE LEAGU AA [HOUSE	Α		
PRESENT TEAM		CIRCLE LEV	VEL: AAA A	A A	md s	ΗL
PERSONAL PLAYING	EXPERIENCE INCLUDING	LEVEL				
POSITION (CIRCLE)	COACH ASST. C	ЮАСН	TRAINER			
HAVE YOU COACHE	D/MANAGED IN ANY OT	HER SPORT?				
WHAT SPORT	\	WHEN				
WHERE		Position				
TEAM APPLYING FOR	IN 2012-13 (Indicate Di	ivision and Cir	cle Level of Co	ompetit	ion)	
FIRST CHOICE			AAA	А	MD	
SECOND CHOICE			AAA	А	MD	
THIRD CHOICE			AAA	А	MD	
IF NOT SELECTED FOR	R A HEAD COACHING PO	dition, wou	LD YOU BE WIL	LING T) ASSIST	

YES

NO

ANOTHER HEAD COACH?

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)

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

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:	OR: HOCKEY OFFICE, MCINTOSH ARENA
Cambridge Minor Hockey Association	
P O BOX 489	OR: (Fax) 519-621-2872
Cambridge, on N1R 5V5	