**COLD LAKE MINOR HOCKEY ASSOCIATION**

**7825 51 Street Cold Lake, AB T9M 0B6**

COACH SELECTION APPLICATION

This application is for returning coaches who were selected as Head Coach in the previous year and are applying within the same Division as the prior season.

# Criminal Record Check is required (every 2 years)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Res.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bus.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fax): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TEAM SELECTION

Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: Head Coach / Assistant Coach

(i.e. U7, U9, U11, U13, U15, U18, Female) (Circle which you are applying for)

# NATIONAL COACHING CERTIFICATION

|  |  |
| --- | --- |
| **Please attach a copy of your Hockey Canada Coach Card. This can be found through your** | |
| **registered profile and will list all courses that you have been certified with to date.** |  |

Are you interested in taking any upcoming courses? Initiation Program, Coach Level, Intermediate Level, Speak-out Program, Safety Program, etc.

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Are you available to coach early morning weekday practices? (Check one) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Do you have any prior obligations that may restrict the amount of time you can commit to coaching? If yes, please explain (answering yes will not disqualify you as a coaching applicant).

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References: (list three references i.e. player (12 & over), parents, and professional)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree to follow Bylaws, Regulations and Policies as set out by CLMH, Hockey Alberta, Hockey Canada and other governing hockey bodies. I agree to embrace and follow Fair Play code, as set out by Hockey Canada

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final decisions for approval on coaching applications will come from the CLMH Board of Directors. Successful applicants will be contacted by the Division Director.