



Application for Coaching

Name _____ Male Female

Address _____ Birth Date _____
mm/dd/yyyy

Tel _____ Cell _____

Email _____

Emergency Contact Name & Phone Number

Name _____

Phone # _____

Team Selection (2015-2016)

- Initiation Novice Atom Pee Wee Bantam Midget Female

Do you have a child playing hockey? Y/N Name: _____

Child's last level of play _____

Certifications

Coaching Level _____

Trainer/First Aid Level _____

Safety Level _____

Other Courses _____

(Please attach copies of certifications)

Coaching Experience

Position _____ Level _____ Association _____ Year _____

Position _____ Level _____ Association _____ Year _____

Position _____ Level _____ Association _____ Year _____