

## South Okanagan Minor Hockey Recreation Coach Application

## **Personal Information**

Name:	
Home Address:	Postal Code:
Mailing Address:	Home Phone Number:
Work Phone Number:	Cell Phone Number:
E-Mail Address:	Date of Birth:
Preferred Coaching Assignment (Please cir	cle your choice)
Pre-novice Novice Atom Rec Pee Wee Rec	Bantam Rec Midget Rec
<b>Certifications / Trainings NCCP (Nationa</b> (Please list year completed and location, att Coach 2 (Formally Hybrid):	ach Photocopies of your coaching certifications)
Dev. 1:	
Checking Clinic:	
Respect In Sport:	
Coaching Experience	
Hockey Coaching Experience	

Playing Experience (please list association, team name and age group)

## Undertakings

1. I hereby consent to the disclosure of the above information.

2. I hereby acknowledge the authority of the CHA, BCAHA, The District and Local Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.

3. I hereby acknowledge that I have read and understand the coach's role outlined in the "Coaches Code of Conduct" attached to and forming part of this Coaching Application Form.

4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) Requirements for coaching minor hockey and ensure that I maintain thee required level of certification.

5. By way of this application, I give permission to the South Okanagan Minor Hockey Association to pursue a criminal record search on myself.

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

Date: