

St Laurent Minor Hockey Association Coaches Application Form

| YOUR INFORMATION | | | | | | |
|--|------------|----------------|-------------|-----------|--|--|
| | | | | | | |
| Your Name | | Address | | | | |
| Postal Code | Home Phone | Business Phone | C | ell Phone | | |
| Email Address: | | | | | | |
| What level of Coaching Certification None: Intro Coach | • | sess? Other: | | | | |
| Do you have a Certificate Num | | | Year Issued | ? | | |
| NOTE: The NCCP Certification of Coach 1 is required for the coaching of Novice to Midget age levels. All applicants not currently having the Coach 1 level must be willing to complete the certification. Those candidates selected and successfully completing the certification, will be reimbursed. | | | | | | |
| Please select your choice of ag | | | | | | |
| Group | Age | | Level | Choice 2 | | |
| Initiation Program (IP) | 4 - 6 | - | | | | |
| Novice | 7 - 8 | - | | | | |
| Atom | 9 -10 | | | | | |
| Peewee | 11- 1 | _ | | | | |
| Bantam | 13-14 | - | | | | |
| Midget | 15-17 | 7 | | | | |
| Please list your volunteer experience with any organization involving children: | | | | | | |
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| | | | | | | |
| | | | | | | |
| Other | | | | | | |
| | | | | | | |
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| Please list two (2) references which we may contact to verify your volunteer experience: | | | | | |
|--|--|--|----------------------------|--|--|
| Nan | ne Relation | onship | Telephone Number | | |
| Add | litional comments or information | | | | |
| | n aware that the primary aim of the St. Laurent Minor | | | | |
| <u>development</u> of each individual participant and as such, winning is a secondary achievement; that each participant in my charge will be given equal opportunity and consideration; the actions of all coaches and his/her staff during every contest shall be exemplary. I agree that any behavior on my part or my staff that is contrary to the above aims could forfeit my coaching privileges. | | | | | |
| Bef | ore being accepted as a coaching candidate you mus | st agree to the following terms and condit | tions: | | |
| A. | . You have obtained a minimum Coach 1 Coaching Certification (for Novice to Midget levels, Intro Coach for IP) or will obtain this level as close as possible to the start of the hockey season. | | | | |
| B. | Accept full responsibility for the team on-ice conduc | t, finances, team officials, etc. | | | |
| C. | Operate within the guidelines of STLMHA Fair Play rules (no power plays & penalty killing, Fair Ice time, proper code of conduct, etc). | | | | |
| D. | Complete a Police Record Check form (details to fo attendance at a Speak Out session. | llow) including 2 pieces of ID, at least 1 w | vith picture, and proof of | | |
| E. | Agree to verification on any information provided on | this application form. | | | |
| | | | | | |
| Applicants Signature: | | Date: | | | |
| Upon Completion of this form, please email Coach application | | | | | |

muttsgc@rogers.com of fax: 613-834-8755

Alternate contact – 613-834-5950 (Marc Perrault)