

Predators AA Coach Application Form

PLEASE PRINT					
Name:					
Address:					
City:		_	Postal Code:		
Phone:			Work:		
Cell:			FAX:		
Email Address:					
Birth Date (mm/dd/yy):/_			Place of Birth:		
Employer:			Occupation:		
Employers Phone:			Address:		
Coaching Assignment R	Request	ed – (F	Please indicate your	1st and 2nd choices)	
Division	Age	Level		Selection	
U13	11-12	AA			
U15	13-14	AA			
U18	15-17	AA			
Certification / Training					
Coaching Lev	el		Year Co	ompleted	
Initiation					
Coach					
Intermediate Speak Out					
Safety					
Other Coaching Courses of	or Traini	ng			

Yes: _____ No: ____

Hockey Coaching Experience

(List in order, starting with the most recent)

Year	Position	Association	Team Name	Age Group

Other Sports

Year	Position	Association	Sport/Team	Age Group

Team Name

Age Group

Year

required level?

<u>Playing Experience</u> (Start with the most recent)

Association

i cai	Association	i cam name	Age Oloup	
Briefly Describ	e Your Coaching Phil	osophy		
·				
Do you have a c	hild registered with Rive	er East Hockey Assoc	iation? Yes:	No:
in another division	osition were not available on or help out with skill ovision?)	clinics?	Yes:	u be willing to coach No:
Do you feel your	child will make the tean	n for which you are ap	oplying: Yes:	No:
In what portion of	of the team do you feel y	our child will rate?	Upper: Middle:	Lower:
Are you certified	for the level for which y	ou are applying?	Yes:	No:
If you are not ce	rtified at the required lev	vel, are you available	to take a weekend co	urse to attain the

					ns imposed by the	
Milnor Hockey As	sociation or a	ny otner hocke	y governing b	oay? (If yes,	please provide de	etalis).
Will you be coach					or clubs during th	e

Coaching References

Name	Phone	Address	Association or Position



HOCKEY MANITOBA PRIVACY STATEMENT

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, it's Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions.

The information above is collected for all registered participants and is required by Hockey Manitoba (it's employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.mb.ca.

Hockey Manitoba uses your personal information as indicated above and outlined in our privacy policy, however we may from time to time distribute information regarding additional services and promotions that may benefit you on behalf of third parties or partners of Hockey Manitoba. This type of usage of your personal information by Hockey Manitoba is entirely at your discretion.

Please ind	icate your preference by checking the box here.	Yes □ or No □	ı
Signature:	Date:		

Team Official's Contract

It is the intention of this Contract to promote fair play and respect for all participants within the Association. All coaches must sign this Contract before being allowed to participate in hockey and must continue to observe the principles of Fair Play.

Fair Play Code

I will be reasonable when scheduling games and practices remembering that young athletes have other interests and obligations.

I will teach my players to play fair and to respect the Rules, Officials, Opponents and Teammates.

I will ensure all players receive equal instruction, discipline, support and appropriate fair playtime.

I will not ridicule or yell at my players for making mistakes or for performing poorly. I will remember that children play to have fun and must be encouraged to have confidence in themselves.

I will make sure that equipment and facilities are safe and match the players' ages and ability.

I will remember players need a coach they can respect. I will be generous with praise and set a good example.

I agree to abide by the principles of the fair play code as set by the Canadian Hockey Association and supported by River East Minor Hockey Association

I hereby acknowledge the authority of the Winnipeg Minor and River East Hockey Minor Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.

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

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

By way of this application, I give permission to River East Minor Hockey Association to pursue a criminal record search on myself.

Print Name:			
Date:			
Signature:			

Please submit your application to:

VP Female Hockey River East Minor Hockey Association julievanleeuwen77@gmail.com

NOTE: Please attach copies of your Coaching Certification

You may also save a copy and email to our Development Director, contact information can be found on the REMHA website here.