



GEORGIAN SHORES HOCKEY  
Head Coaching Application

2016/17 Season

Name:    
(Given Name) (Surname)

Address:    
Postal Code

E-Mail:

Phone #'s:     
Home Business Cell

Team Preference: ie. Bantam Girls, Atom Boys Rep, Pee Wee Boys LL

First Choice Second Choice Third Choice

If you have any children currently playing hockey, please indicate their team assignment for the 2015/16 Season.    
Child #1 Child #2

Current OMHA Coaching Level:

- None
- Initiation (Chip)
- Coach Stream
- Development 1
- Development 2

Hockey Coaching Experience

Year	Age Group	Level (A/AE/House League)	City
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Coaching Experience Other Than Hockey:

If you are accepted as Head Coach, do you have others to assist?

Would you be willing to be an assistant coach? **Yes** **No** **Would Discuss**

Do you have a current police check? \_\_\_\_\_  
\* A Police Check will not be considered current for the 2016/2017 season if it is dated before 2013.

Undertakings:

- I hereby consent to the disclosure of the above information.
- I hereby acknowledge the authority of the HC, OMHA/OWHA and Georgian Shores Minor Hockey Association, and agree to carry out and abide by the constitutions, bylaws, rules and regulations.
- I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for hockey and ensure that I maintain the required level of certification.
- I hereby agree to familiarize myself with a current OMHA/OWHA Manual of Operations.
- I hereby agree to complete a Criminal Records check form, have it authorized by my local Law enforcement detachment and submitted to the Georgian Shores Minor Hockey Association President prior to the date when the accepted coaching staff position takes effect.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)