



GEORGIAN SHORES HOCKEY
Head Coaching Application

2018/19 Season

Name: [Text Box]
(Given Name) (Surname)

Address: [Text Box] [Text Box]
Postal Code

E-Mail: [Text Box]

Phone #'s: [Text Box] [Text Box] [Text Box]
Home Business Cell

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

[Text Box] [Text Box] [Text Box]
First Choice Second Choice Third Choice

If you have any children currently playing hockey, please indicate their team assignment for the 2018/19 Season.

[Text Box] [Text Box]
Child #1 Child #2

Current OMHA Coaching Level:

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

Hockey Coaching Experience

Table with 4 columns: Year, Age Group, Level (A/AE/House League), City. Contains 3 rows of empty input boxes.

Coaching Experience Other Than Hockey:

[Text Box]

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

[Text Box] [Text Box] [Text Box]

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 2018/2019 season if it is dated before 2015.

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)