



SOUTH DELTA MINOR HOCKEY ASSOCIATION

Box 19109, Delta, B.C. V4L 2P8

SDMHA REP A COACHING APPLICATION FORM

Name: _____

Address: _____

City _____ Postal Code _____

Telephone: (Home) _____ (Cell) _____

Email: _____
(Please indicate with a "*" your contact preference)

Birth Date: (mm.dd.yy) _____

Employer: _____ Occupation: _____

Preferred Coaching Position:

	<u>"A1"</u>	<u>"A2"</u>	<u>"A3"</u>
Atom:	_____	_____	_____
PeeWee:	_____	_____	_____
Bantam:	_____	_____	<u>N/A</u>
Midget:	_____	_____	<u>N/A</u>



Certification/Training

NCCP (National Coaching Certification Program)

	Year Completed	Association
Hockey Can. Coach 1 & 2 (Hybrid)	_____	_____
Intermediate Level (1 or "I" or Dev1)	_____	_____
Advanced Level/HP1 (Please specify)	_____	_____

**Note: To coach our BA1 Tier 1 level team the head coach requires High Performance 1.*

Please attach photocopies of your coaching certification (non-member of SDMHA) or existing SDMHA members supply your Hockey Canada Registration number)

HCR# or copies attached _____

Other Courses or Training Activities

Course	Date
Respect in Sport	_____
HCSP	_____
_____	_____
_____	_____

Playing Experience: *(list in order, starting with most recent)*

Year	Association and Team Name	Age Group
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Coaching Experience

Hockey: *(list in order, starting with most recent)*

<u>Year</u>	<u>Association and Age Group</u>	<u>Level (Rep 'A' or 'C')</u>	<u>Position</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaching Experience **Other Sports:**

<u>Year</u>	<u>Sport and Age Group</u>	<u>Level</u>	<u>Position</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coaching References:

1. Name: _____

Address: _____ Phone: _____

Position: _____

2. Name: _____

Address: _____ Phone: _____

Position: _____



Undertakings:

1. I hereby consent to the disclosure of the above information as is required by South Delta Minor Hockey Association.
2. I hereby acknowledge the authority of HC, BCAHA, PCAHA and South Delta 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 will abide by the Coaches' "Code of Conduct" attached to and forming part of this Coaching Application Form.
4. I acknowledge and agree to South Delta Minor Hockey Association carrying out a Police Information Check (PIC) of me. I will attend the police station in person with photo ID and complete both a PIC and a Vulnerable Sector Check. I will have the original results of these checks forwarded to the Association at its Ladner Leisure Center Hockey Office (located in the arena, upper concourse level, opposite end from the score clock) prior to August 1 of the current season or within one month after a coach appointment is offered.

Signature: _____ Date: _____