



# SOUTH DELTA MINOR HOCKEY ASSOCIATION

## SDMHA REP A COACHING APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: (mm/dd/yr) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Preferred Coaching Position:

	<u>"A1"</u>	<u>"A2"</u>	<u>"A3"</u>
Atom	_____	_____	_____
Peewee	_____	_____	_____
Bantam	_____	_____	_____
Midget	_____	_____	_____

### Certification/Training

	<u>Year Completed</u>	<u>Association</u>
Hockey Canada Coach Level 1 & 2	_____	_____
Intermediate Level (Developmental 1)	_____	_____
Advanced Level (High Performance 1)	_____	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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For a complete list of coach qualifications by team please visit BC Hockey's website at:  
<https://www.bchockey.net/Coaching/Coaching.aspx>

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 \_\_\_\_\_

All coaches are also required to have the following by September 1 of the current season:

- Criminal Record Check
- Respect in Sport
- Concussion Awareness Testing

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

<u>Year</u>	<u>Association and Team Name</u>	<u>Age Group</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Hockey Coaching Experience

**\*\*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

Year	Sport and Age Group	Level	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Coaching References:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

## Undertakings:

1. I hereby consent to the disclosure of the above information as is required by SouthDelta Minor Hockey Association.
2. I hereby acknowledge the authority of Hockey Canada, BC Hockey, 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 Team Officials "Code of Conduct".
4. I acknowledge and agree to South Delta Minor Hockey Association carrying out a Criminal Record Check of me through the Ministry of Justice online The results will be shared with SDMHA when the check is complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_