

GUELPH MINOR HOCKEY ASSOCIATION
HOUSE LEAGUE COACH/TRAINER APPLICATION FORM 2010 - 2011
APPLICATIONS DUE March 5, 2010

NAME _____ **DATE** _____
ADDRESS _____ **BIRTHDATE** _____
 _____ **TEL: (H)** _____
 _____ **(B)** _____
POSTAL: _____
EMAIL _____

POSITION APPLYING FOR: Head Coach Assistant Coach Trainer Convenor

DIVISION APPLYING FOR:

First Choice:

Second Choice:

- | | |
|--|--|
| <input type="checkbox"/> SkillDevelopment 1 (2003, 2004, 2005) | <input type="checkbox"/> SkillDevelopment 1 (2003, 2004, 2005) |
| <input type="checkbox"/> SkillDevelopment 2 (2003, 2004) | <input type="checkbox"/> SkillDevelopment 2 (2003, 2004) |
| <input type="checkbox"/> Novice (2002) | <input type="checkbox"/> Novice (2002) |
| <input type="checkbox"/> Minor Atom (2001) | <input type="checkbox"/> Minor Atom (2001) |
| <input type="checkbox"/> Atom (2000) | <input type="checkbox"/> Atom (2000) |
| <input type="checkbox"/> Minor Peewee (1999) | <input type="checkbox"/> Minor Peewee (1999) |
| <input type="checkbox"/> Peewee (1998) | <input type="checkbox"/> Peewee (1998) |
| <input type="checkbox"/> Minor Bantam (1997) | <input type="checkbox"/> Minor Bantam (1997) |
| <input type="checkbox"/> Bantam (1996) | <input type="checkbox"/> Bantam (1996) |
| <input type="checkbox"/> Minor Midget (1995) | <input type="checkbox"/> Minor Midget (1995) |
| <input type="checkbox"/> Midget (1993 & 1994) | <input type="checkbox"/> Midget (1993 & 1994) |

COACHES/TRAINERS CERTIFICATION NUMBERS:

OMHA Certification: Course(s) Taken: _____ Cert. No(s). _____

Prevention Services Program (Speak Out) Certification No. _____

National Trainers Certification Program (NTCP) Certification No. _____

NOTE: GMHA recognizes only OMHA certified programs, however other hockey clinics or other hockey training programs may be listed. _____

PLEASE NOTE THAT ALL TEAMS MUST HAVE A CERTIFIED HEAD COACH AND TRAINER ON THE BENCH.

Coaching Requirements for both Head Coaches and Assistant Coaches:

Skill Development 1, Skill Development 2 & Novice: CHIP Cert and Prevention Services Certification

Novice – Midget: Coaches Certification and Prevention Services Certification

Trainers Requirements:

All trainers must have their Trainers Certification and Prevention Services Certification

PREVIOUS EXPERIENCE: (list by most recent experience or attached resume):

| POSITION | DATES | DIVISION/ORGANIZATION |
|----------|-------|-----------------------|
| 1. | | |
| 2. | | |
| 3. | | |

REFERENCES: (e.g. names of former coaches, convenors or directors)

1. _____

2. _____

(If new to G.M.H.A., please provide names, addresses and phone numbers of previous Association contacts.)

DECLARATION:

Have you ever been convicted of a Criminal Offense? No Yes

If yes, please give details, including dates:

You will be required to complete a Police Service Check form. Please download this off our website and attach to application.

I, the undersigned, have read and agree to abide by the G.M.H.A. Constitution and By-Laws if selected as a team official. I also agree to wherever possible to always try and promote FAIR PLAY in the game of Hockey.

I will accept full responsibility for my actions while acting as an Official of the Guelph Minor Hockey Association.

Signature: _____ **Date** _____

Completed application forms should be mailed or faxed to:

Director House League
 Guelph Minor Hockey Association
 C11 – 100 Crimea Street
 Guelph, ON N1H 2Y6
 Tel: (519) 824-5910
 Fax: (519) 824-6273
 Email: info@guelphminorhockey.com