

Cochrane Ringette Coaching Application Form

Name: _____ Phone (Home) _____
 Address: _____ PC _____ Phone (Work) _____
 Email Address: _____ Cell _____
 Birth Date: ____/____/____
 Day Month Year

Ringette Alberta requires that coaches be certified and at all divisions, a certified female must be on the team bench during games. In order to meet these requirements you will need to take the required coaching certification program. Certification fee will be reimbursed.

Head Coach _____ Assistant Coach _____ Team/Division _____

VOLUNTEER EXPERIENCE

<u>Association Name</u>	<u>Position</u>	<u>No. of Yrs.</u>	<u>Division & Category</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT LEVEL OF CERTIFICATION

Making Ethical Decisions	
Community Sport Initiation (CSI)	
Competition Introduction (CI -1)	
Competition Introduction (CI-2)	
Competition Development (CD)	
Respect in Sport	
Criminal Records Check (Indicate Year Completed – valid for 5 years)	

Coaching Agreement:

I understand that the primary goal of minor sports is the development of the individual athlete's skills and character in a team setting. It is my responsibility to demonstrate by example and to teach the players how to accept a loss, as well as a win, in a sportsmanlike manner and to benefit from either result. I accept the responsibility to show and teach respect for the players on the other team, all coaches', spectators and officials. Each player in my charge will be given equal opportunity and consideration in all situations and contests. I understand as a Coach I occupy a position of trust with the athletes and will do my best to set a positive example at all times. I agree to abide by the rules and regulations of Cochrane Ringette and Ringette Alberta. I understand that failure to uphold this agreement could result in the forfeiture of my coaching privileges for the remainder of this season as well as future seasons. I confirm I have read and agree to abide by the coach's code of conduct set out by Cochrane Ringette and consent to allowing the association to check references and past coaching evaluations.

Signature: _____