

TEAM MANAGEMENT APPLICATION FORM – **for returning volunteers.** 


Check  HEAD COACH  ASST COACH  SAFETY  MANAGER

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ (res)  
 Phone: \_\_\_\_\_ (bus)  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Alberta Health Care: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail : \_\_\_\_\_

\*\*\*\*\* All fields above are required \*\*\*\*\*

What division are you applying to coach or assist for 2018 – 2019 ? **Circle**

	Position	Age Group	Division
1st Choice	Male Female		
2 <sup>nd</sup> Choice	Male Female		

**If applying for Head Coach Development you must attach a resume indicating your Coaching Philosophy, Team Goals & Objectives, and how you would handle a parent concern/complaint on your team by AUGUST 6, 2018.** 

List your children registered in GPMHA

Child's Name	Division	Child's Name	Division

Certification required: All GPMHA Volunteers must be current certified in the Respect in Sport Coach Course. All coaches and assistants must be certified to the Coach level they wish to coach, or obtain such by Nov 15, 2018. All coaches, assts for Atom and above must have the Checking Skills Clinic. All head coaches for AA teams above Atoms must obtain the Development 1 Clinic. All head coaches for AAA teams must obtain the High Performance by Nov 15, 2018. Police Information Check MUST be received no later than October 1, 2018.

**APPLICANT'S AGREEMENT – Please initial by each statement below.**

\_\_\_\_\_ I will abide by the Hockey Canada, Hockey Alberta and the GPMHA Constitution and PPM, **specifically PPM 104 Coach Expectations, PPM 112 Mobile devices and PPM 161 Prohibited Substances policy.** I also agree to take part in any coach development programs as laid out by GPMHA. I agree to attain the level of certifications required by Nov 15 of the current year.

\_\_\_\_\_ I will abide by the fair play codes and set a good example for the team in action and dress. I will not contribute to or allow any inappropriate language (swearing, racial remarks, threats, intimidation, etc.) at any time.

Your signature below indicates acceptance and compliance with all of the above.

Signed/Signature and consent of applicant: \_\_\_\_\_ Date: \_\_\_\_\_ 

**THE GPMHA OFFICE MUST RECEIVE THIS APPLICATION BEFORE YOU CAN BE ASSIGNED TO A TEAM AND BEFORE YOU CAN BE REIMBURSED FOR THE COST OF THE CLINICS.**