



Revelstoke Minor Hockey Association Coaching Application

Name: _____
(Given) (Middle) (Last)

Address: _____

Home #: _____ Cell#: _____

Email: _____

Preferred Coaching Assignment

Division	1 st Choice	2 nd Chocie
Tykes		
Initiation		
Novice		
Atom		
Peewee		
Bantam		
Midget		
Female		

(Please indicate "Head Coach or "Assistant Coach" for your 1st and 2nd choice)

Certification/Training

Certification/Training	Year Completed	Location
NCCP Theory 1		
NCCP Theory 2		
The National Coaching Mentorship Program (NCMP)		
Safety (HCSP)		
Respect in Sports(Speak Out)		
Coach Level (Coach Stream)		
Checking Clinic		
Hybrid Clinic		
Development 1		
High Performance Stream		

Other Certification/Training

Certification/Training	Year Completed	Location

Coaching Experience:

(lising in order, starting with most recent)

Year	Association	Age Group	Position

1.I hereby consent to the disclosure of the above information.

2.I hereby acknowledge the authority of the CHA, BC HOCKEY, OMAHA, and the Revelstoke Minor Hockey Association and agree to carry out and abide by thier constitution, bylaws, rules and regulations.

3.I hereby acknowledge that I have read and understand the coaches role as outlined in the "Coaches Code of Conduct" attached to this Coaching Application Form.

4.I hereby agree to familiarize myself with the National Coaching Certificate Progam (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certificate.

5.By way of this application, I give permission to Revelstoke Minor Hockey Association to pursue a criminal record search on myself.

Signature : _____

Date: _____

Coaching application must be received by Revelstoke Minor Hockey Association NO later that August 10, 2018.

**Mail to: Revelstoke Minor Hockey Association
Attn: Coach Coordinator
PO Box 2788
Revelstoke, BC V0E 2S0**

Email: registrar@revmha.com