

Orillia Girls Hockey Association
House League Coaching Application Form

Name: _____

Phone (Cell): _____

E-Mail: _____

Position Applying For (check one)

Division		Division	
U7		U13	
U9		U15	
U11		U18	

- Will you have a child playing in the division you have applied for? Yes No

Previous Coaching Experience

Year	Team	Division	Position

Coaching Clinics/Courses Obtained

Certification	Trained / Certified	Year	Other Relevant Information
Coach 1 Intro			
Coach 2 Level			
Development 1			
High Performance 1			
Respect in Sport (Coach)			
HTCP 1/2/3			
Making Ethical Decisions			
Police Records Check			

- Provide a describe your coaching philosophy:

Other relevant hockey coaching/playing/volunteer experience:

References (please provide three references)

Full Name	Contact Information (email, phone numbers, etc)

Declaration

I, _____, declare that all the information I have provided is accurate and true. I agree to follow the Bylaws, Regulations and Policies as set out by OGHA, OWHA, OHF Hockey and Hockey Canada

Print Name: _____

Signature: _____

Date: _____