



BLACKFALDS MINOR HOCKEY **2024/2025 COACH APPLICATION**

Name:	Contact number:
Address:	
Email:	
Date of Birth:	Season:

Please circle any and/or all that apply to you:

Applying to Coach:	Pups - U5	Intro To Hockey - U7	Intro To Hockey - U9	U11	U13	U15	U18
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Head Coach	Assistant Coach	Goalie/Skills Coach	A Team	B Team	C Team
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Recent Coaching Experience:

Season	Team/Division/Tier	Organization	Role

Have you ever been subject to disciplinary action as a coach by the BMHA, Hockey Alberta, or another minor hockey association?	Yes	No
If you answered yes above, please describe the circumstances surrounding this event.		

Do you have any work commitments which would significantly affect you practice and/or game attendance	
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Briefly outline your coaching philosophy as it connects to the age level(s) you are applying to	
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List 3 Coaching Skills that you consider your strengths:
1
2
3
List 3 Coaching Skills that you wish to improve upon:
1
2
3

References: Please provide 2 references that can speak to your suitability to work with young athletes in a coaching and mentoring context:

Please email a picture or scan of the completed application to coachliaison@blackfaldsminorhockey.com . Successful applicants will be required to submit a current Criminal Record / Police check. This can be obtained free of charge at our local RCMP detachment.

Name:	Phone Number:	Relationship:	How long have they known you?