



2020-2021 COACHING APPLICATION

Personal Information:Resume Attached ☐

Name: _____ Phone: _____ Cell: _____

Address: _____ E-mail: _____

Date of Birth: _____ Male ☐ Female ☐

Alberta Health Care Number: _____ Military/RCMP Number: _____

Please include Legal land address if different from your mailing address above:

_____ Postal Code: _____

Qualifications:Photocopies of Certificates Attached ☐

	Level	Year
National Coaches Certification Program:		
CAHA Coaches Certification Program:		
AAHA Referees Clinic:		
Canadian Hockey Safety Program:	Date Certified:	
Speak Out:	Date Completed:	
Other:		
First Aid Course:		
Checking Clinic:		

Practical Coaching Experience:

Year	Age Group	League	RESPONSIBILITY

OTHER QUALIFICATIONS:

References:Copies of References Attached ☐

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Coaching Preference: Midget ☐ Bantam ☐

Category Preferred: First Choice _____ Second Choice _____

Team Preferred: First Choice _____ Second Choice _____

Security Clearance received on (Date) _____

Declaration:

I hereby authorize the Canadian Athletic Club to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to abide by the Constitution, By-Laws and Policies of the Canadian Athletic Club, Hockey Alberta and Hockey Canada. I agree to provide a clear volunteer criminal record check to the Canadian Athletic Club and I understand that I may be removed as a team official if the criminal record check is not satisfactorily completed and received by November 15th of the current hockey season. I also agree to take skill development programs and follow the mentorship model as laid out by The Canadian Athletic Club. I further acknowledge and agree that my coaching appointment may be terminated by the Club, at any time, if in its opinion my performance, conduct and/or behaviour is unacceptable or fails to meet Club standards or expectations.

Signature of Applicant: _____ Date: _____

All applications including resumes and copies of certificates should be submitted to CAC office by: May 1, 2009



TEAM PERSONNEL ONLY

The Canadian Athletic Club FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY NOTICE AND CONSENT

TEAM PERSONNEL (print name)

BIRTH DATE

The Purpose of this notice and consent is to inform you of the use to which personal information, pictures and game information and game statistics will be made and to obtain your consent for such use.

1. The personal information is collected and maintained so as to properly coordinate and operate the CAC Hockey program and is also provided to EMHA, Hockey Alberta and Hockey Canada or any league the coach's or manager's team plays in, for registration, recording statistical information and insurance purposes.
2. Names, information, data, photos and comments may also be used in team or league newsletters, annual reports, CAC, EMHA and Hockey Alberta web sites, radio, newspaper and other hockey or local publications.
3. Individual and team photos may be taken and displayed in the local newspaper and in local arenas and the offices of Canadian Athletic Club, EMHA, Hockey Alberta and Hockey Canada as well as yearbooks and other reports and advertisements prepared by the Canadian Athletic Club.
4. Name, telephone, e-mail and other information may be used for the purposes of team, league, and for Canadian Athletic Club communication and transportation matters and services.
5. Names may be included on lists for the purposes of team placement and for tracking statistics by the team, leagues, CAC, EMHA, and Hockey Alberta and such statistics may be displayed on their websites.
6. **This Consent shall remain in force for as long as you are a member of the Canadian Athletic Club and need only be signed once.**

I hereby consent to the above:

Signature _____

Date _____