



#10 1777 2<sup>nd</sup> Street N, Cranbrook BC V1C 7G9

Website: [cranbrookminorhockey.com](http://cranbrookminorhockey.com) Email: [cranbrookminorhockey@gmail.com](mailto:cranbrookminorhockey@gmail.com)

## **2020/2021 REP COACHING APPLICATION**

**Name:** \_\_\_\_\_  
(given name) (middle name) (surname)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Preferred Coaching Assignment:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	
Comments:	

**BCAHA & NCCP (National Coaching Certification Program)**

Program	Program Requirements	Year Completed	Location
Initiation- Atom	Coach 1		
PeeWee /Bantam/Midget Recreational	Coach 2/checking skills		
PeeWee/Bantam/Midget Carded	Development Stream 1 & 2		
Advanced Level I or II	High Performance 1 & 2		
All Programs	Respect In Sport		
	Concussion Awareness		
	Criminal Record Check		
<b>Proof of your coaching certification and Criminal Record Check must be provided with your application</b>			

**Other coaching courses or training activities:**

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**Ice Hockey Coaching Experience – (most recent first)**

Year	Association/Team Name	Division	Position

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**Other Coaching Experience – (most recent first)**

Year	Sport	Association	Age Group

**Ice Hockey Playing Experience – (most recent first)**

Year	Association/Team Name	Division

**Comments:**

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**Coaching References**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position: \_\_\_\_\_

Please include at least one reference from your previous Association, if you are new to Cranbrook Minor Hockey.

## **Undertakings**

- 1.) I hereby consent to the disclosure of the above information.
- 2.) I hereby acknowledge the authority of Hockey Canada, BCAHA and the CMHA and agree to carry out and abide by its Constitutions, By-Laws and Policy Handbook.
- 3.) I hereby acknowledge that I will abide by the Coach's Code of Conduct as per the CMHA Policy Handbook.
- 4.) I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) and the Hockey Canada requirements for coaching minor hockey and will ensure that I maintain the required level of certification.
- 5.) I hereby agree to have a Criminal Records check completed if required by CMHA.

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_