

DELBURNE MINOR HOCKEY COACHING APPLICATION

2019-2020

CONTACT INFORMATION			
Name:		Birthday:	
Address:			
Home Phone:		Business Phone:	
Email address:		Cell Phone:	
TEAM CHOICE			
1 st Choice:		2 nd Choice:	
If your choices are not available, would you be willing to coach another team?	YES	NO	
Do you have a son/daughter at this age?	YES	NO	
COACHING/TRAINERS CERTIFICATION (Please fill out all certificates you currently hold)			
Certification	YES or NO	Year Attended	Date of Expiry
Initiation Level			
Coach Level			
Development 1			
High Performance			
Safety Clinic/ HCSP			
Speak Out Clinic			
Criminal Record Check			
Respect in Sport (online)			
Checking clinic			
PLEASE NOTE: All Coaches/Trainers must have or be prepared to take the appropriate clinics by December 1, 2019			
Experience: Please list your past coaching experience			
Season 20__/___	Association:	Duties:	
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Signature _____ Date _____