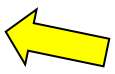


TEAM MANAGEMENT APPLICATION FORM – for returning volunteers.



Check HEAD COACH ASST COACH SAFETY (Trainer) MANAGER

Name: _____ Birthdate: _____ Phone: _____ (res)
 Phone: _____ (bus)
 Address: _____ Postal Code: _____ Cell: _____
 Alberta Heath Care: _____
 E-mail : _____

All these fields are required.

No one can be Head Coach of 2 teams without GPMHA Executive approval.

Position applying for Male or Female team	Age Group	Division
1st Choice	Male__ Female__	
2nd Choice	Male__ Female__	

If applying for Head Coach AA or Development you must attach a resume indicating your Coaching Philosophy, Team Goals & Objectives, and how you would handle a parent concern/complaint on your team by AUGUST 1. For Development teams your Police Information Check must be in by August 1, 2020. For regular teams your Police Information Check must be in by October 1, 2020.



List your children registered in GPMHA

Child's Name	Division	Child's Name	Division

Certification required: all must be obtained by November 15.
Everyone must have Respect in Sport Activity Leader – **obtained by application date.** (expires every 4 years)
 All coaches and assistants must be certified to the Coach level they wish to coach.
 All coaches, assts for Atom and above must have the Checking Skills Clinic (Instructional Stream)
 All head coaches for AA teams above Atoms must obtain the Development 1 Clinic.

APPLICANT'S AGREEMENT – Please initial by each statement below.

_____ I will abide by the Hockey Canada, Hockey Alberta and the GPMHA Constitution and PPM, **specifically PPM 104 Coach Expectations, PPM 112 Mobile devices and PPM 161 Prohibited Substances policy.** I also agree to take part in any coach development programs as laid out by GPMHA. I agree to attain the level of certifications required by Nov 15 of the current year.

_____ I will abide by the fair play codes and set a good example for the team in action and dress. I will not contribute to or allow any inappropriate language (swearing, racial remarks, threats, intimidation, etc.) at any time.

Your signature below indicates acceptance and compliance with all of the above.

Signed/Signature and consent of applicant: _____ Date: _____



THE GPMHA OFFICE MUST RECEIVE THIS APPLICATION BEFORE YOU CAN BE ASSIGNED TO A TEAM AND BEFORE YOU CAN BE REIMBURSED FOR THE COST OF THE CLINICS. RIS Activity Leader is no longer reimbursed.