

TEAM MANAGEMENT APPLICATION FORM - **NEW** volunteers

Phone: 780-539-6177 Fax: 780-539-0398 gpmha@gphockey.com www.gphockey.com

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)

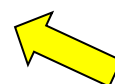
All head coaches for AA teams above Atoms must obtain the Development 1 Clinic.

Which CHA CERTIFICATION LEVEL do you hold? Certifications will be verified with Hockey Canada.

Coach Level 1 – Intro to Coach is specifically for new coaches working with 4 – 8 year olds.

Coach Level 1 - Into to Coach	_____	Year Attained: _____	Province: _____
Coach Level 2	_____	Year Attained: _____	Province: _____
Development 1	_____	Year Attained: _____	Province: _____
Can Safety Trainers	_____	Year Attained: _____	Province: _____
Respect in Sport Activity Leader	_____	Year Attained: _____	Province: _____
Checking Skills Instructional Stream	_____	Year Attained: _____	Province: _____

You must attain the level of certifications required by Nov 15 of the current year.



COACHING EXPERIENCE: Starting with most current

YEAR	ASSOCIATION	CATEGORY (ie) Midget	DIVISION (ie) AA	YOUR POSITION

References: People we may contact who have knowledge of your qualifications.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

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



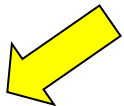
_____ I will abide by the Hockey Canada, Hockey Alberta and the GPMHA Constitution and PPM, **specifically PPM 104 Coach Expectations, PPM 112 Mobile Devices and PPM 161 Prohibited Substances policy.** I also agree to take part in any coach development programs as laid out by GPMHA. I agree to attain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

CURRENT POLICE INFORMATION CHECK MUST ALSO BE SUBMITTED.

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.

Respect in Sport Activity Courses are not reimbursed.