LAKE COWICHAN LAKERS COACH & TEAM STAFF APPLICATION

PERSONAL INFORMATION							
Last Name		First	First		Date		
Street Address PO BOX #							
City		Prov.	Prov.		Postal Code		
Email(s)							
Home Phone	Work Pho	ne		Cell Phone			

TEAM INFORMATION						
I am applying to be a	team official with the	following Lakers team f	for the upcoming seasor	1		
U7 (Initiation)	U9 (Novice)	U11 (Atom)	U13 (Peewee)	U15 (Bantam)	U18 (Midget)	
I would like to be con	sidered for the following	ng position with this tea	ım			
Head Coach	Assistant Coach	Team Safety	Manager			
Do you have a child w	who will be eligible to p	lay hockey at this level	next season? Yes	No		
Child's Name			Child's Date of Birth			

REQUIRMENTS AND QUALIFICATIONS

Age 19+

Must undergo RCMP Criminal Record Check

Willing to take Coaching Clinics as required by BC Hockey

Complete Respect in Sport and CATT

Have good communication skills, reliable, organized and dedicated

DISCLAIMER AND SIGNATURE

I, the undersigned, agree to abide by the By-laws, Rules and Regulations of the Lake Cowichan & District Minor Hockey Association and the Vancouver Island Hockey Association and to make every effort to ensure that any team I coach, and all team officials also adhere to these By-laws, Rules and Regulations. If I am appointed to be a team official of a Lakers team in the Initiation or above divisions, I also agree to abide by the Rules and Regulations of the BC Hockey.

The association appointed Coach Coordinator will review all applications received and the selected coaches are subject to approval by the association executives. Depending on the amount of applications received, all interested parties may not be selected to be part of the coaching team.

Thank you for taking the time to complete this application. The responsibility of coaching youth is a special undertaking. Your leadership and commitment to providing the opportunity for the kids sincerely appreciated.

Signature	Date
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By entering your name in the above field, you are agreeing to the disclaimer.