

# LASHBURN MINOR HOCKEY 2024-2025 MANAGER APPLICATION



## CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## Involvement with which Division for Upcoming Season (please circle)

Pre-  
U7

U7

U9

U11

U13

U15

U18

## CERTIFICATION *(please fill out all certificates you currently hold)*

Certification	√ check	Year Attained	Intend to Complete
Respect in Sport			
Hockey Univ: Planning a safe return to hockey			
Criminal Record Check with vulnerable sector check.			
Coach 1 – Intro			
Coach 2			
Hockey Canada Safety Program 1 (HCSP 1 or HU Safety)			
Concussion Protocol			
Checking Certification (Checking Skills 1 required U15 & U18)			
Goaltending 1			
Other:			

Are you willing to take additional Hockey Canada Training/Certification programs? YES NO

To review proper certifications check out [Certification Requirements « Hockey Saskatchewan](#).

## EXPERIENCE:

Season 20__ / __	Team:	Position:
Season 20__ / __	Team:	Position:
Season 20__ / __	Team:	Position:
Other Relevant Training:		

Explain in general terms your Managing Philosophy/Style.

What is your philosophy for handling scheduling & volunteers

What is your plan for handling grievances within the team?

What are your strengths?

What do you expect from parents?

Additional comments.