

LASHBURN MINOR HOCKEY

2025-2026 COACHING 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

COACH/TRAINER CERTIFICATION *(please fill out all certificates you currently hold)*

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

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

Please note that Head Coaches are responsible to ensure that the team is properly certified. 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 Coaching Philosophy/Style and what you expect from players:

What is your philosophy on ice time (for example your bench or benching as a form of discipline)?

What is your attitude towards winning and losing?

What are your strengths?

What are your team initiatives, objectives and goals?

Briefly summarize your proposed seasonal plan including how you use assistant coaches.

What do you expect from parents?

Additional comments.