LASHBURN MINOR HOCKEY

2025-2026 MANAGER APPLICATION

|  |  |  |  |  |  |
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| **CONTACT INFORMATION** | | | | | |
| Name: | |  | | | |
| Address: | | |  | | |
| Phone: | |  | | Mobile: |  |
| Email: |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Involvement with which Division for Upcoming Season (please circle)** | | | | | | | |
| Pre-  U7 | U7 | U9 | U11 | U13 | U15 | U18 |

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| **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](https://hockeysask.ca/coaches/certification-requirements). | | | |

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| **EXPERIENCE:** | | |
| Season 20\_\_\_/\_\_\_ | Team: | Position: |
| Season 20\_\_\_/\_\_\_ | Team: | Position: |
| Season 20\_\_\_/\_\_\_ | Team: | Position: |
| Other Relevant Training: | | |

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| Explain in general terms your Managing Philosophy/Style. |
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| What is your philosophy for handling scheduling & volunteers |
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| What is your plan for handling grievances within the team? |
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| What are your strengths? |
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| What do you expect from parents? |
|  |
| Additional comments. |
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