

LASHBURN MINOR HOCKEY

2025-2026 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.