

Lethbridge Minor Hockey

Coaching Application

Name:				
Address			Postal Code	
Home Phone		Cell Phone	Work Phone	
Email			Date of Birth (dd-mmm-yy)	
Sex	Male	Female 🗌		

Division and level you would like to coach:

U7	U15	
U8	U16	
U9	U17	
U11	U18	
U13		

City	
Tier	
AA	
AAA	

Male	
Female	

Certification/Training:

	Year Completed	Location Completed
Intro to Coach - Coach 1		
Coach 2 - Coach level		
Development 1		
Development 2		
High Performance 1		
High Performance 2		
Speak Out/RIS - Coach		
Checking Skills		
Safety		

Hockey Coaching (List in order, starting	g Experience: ng with the most recent)			
Year	Age Group	Association	Responsibility	
Coaching Refere	nces:			
Name	Home Number	Cell Number	Position	
Briefly describe your coaching philosophy:				

Questions:		
Please check the appropriate response.		
Do you have a child registered with LMHA?	☐ Yes	□ No
If a coaching position were not available in the age group of your choice, would you be willing to coach in another division? (if yes, which division?)	☐ Yes	□ No
Do you feel your child will make the team for which you are applying	? 🗆 Yes	□ No
In what portion of the team do you feel your child will rate? \Box Uppe Will you coach the team if an independent committee does	r 🗆 Middle	☐ Lower
not assess your child to make the team?	☐ Yes	\square No
Are you certified for the level for which you are applying?	☐ Yes	□ No
If you are not certified at the required level, are you willing to take a course to attain the required level?	☐ Yes	□ No
Have you submitted a Criminal Record Check to LMHA in the last 3 seasons if so when?	☐ Yes	□ No
Are you currently active as a volunteer with LMHA?	☐ Yes	□ No
If yes, in what capacity?		
Declaration: I hereby authorize the Lethbridge Minor Hockey Association to conduto verify my credentials, qualifications and character in order to mee be selected, I further agree to abide by the Constitutions, Bylaws, and am a part of. I also agree to take skill development programs and foll LMHA.	t their coaching r d Policies of the I	equirements. Should I MHA, and the league I
Signature of Applicant D	ate	
All applications should be submitted to the LMHA office via email at	s.gillam76@gma	il.com

Or dropped off to the LMHA office.