

**PLAYER INFORMATION:** 

Date of Birth: / / mm / dd / yyyy

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

Resident MHA:\_\_\_\_\_

## Ponoka Minor Hockey Association PLAYER ACCELERATION APPLICATION



Applications can be submitted to Ponoka Minor Hockey Association via email to presidentpmha@gmail.com

Address:\_\_\_\_\_\_ City:\_\_\_\_\_\_, <u>AB</u> PC:\_\_\_\_\_\_

Email:

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

Current Team:\_\_\_\_\_

PERSONAL RESPONSE:							
Please complete the following Question on a separate document. Only typed submissions will be accepted (Word or PDF format).							
What are your long-term goals (in hockey, career, etc.) and what characteristics do you have that help you achieve your goals? Within your response, please provide specific examples to support the characteristics you have described.							
PLAYING HISTORY:							
Please complete the information for the past three seasons (you may provide more if you wish)							
Season	Team	Category/Level	Statistics	Individual/Team Accomplishments			



Coach's Signature:\_

# Ponoka Minor Hockey Association PLAYER ACCELERATION APPLICATION



### **COACH RECOMMENDATION FORM**

TEAM INFORMATION:	
Player Name: Curre	ent Team:
Coach Name: Coac	ch Email:
Coach Phone: Date:	:
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 7 8 9 10
Coachability  Does the player accept coaches feedback, work on areas discussed ar respect the coaching staff?	
Motivation  The degree to which they are driven to achieve the goals the player set forth	1 2 3 4 5 6 7 8 9 10
Effort  Is the player consistent in their effort; whether it is a practice or a game?	1 2 3 4 5 6 7 8 9 10
Team Work  Are they a team player? Do they get along well with their teammates, coaches, and others associated with the team?	1 2 3 4 5 6 7 8 9 10
Self Awareness Are they capable of understanding the impact they have on their teammates and those around them?	1 2 3 4 5 6 7 8 9 10
Leadership Has the player demonstrated leadership attributes among their peers?	1 2 3 4 5 6 7 8 9 10
Persistence Is this player capable of staying on track despite any obstacles that migl pop up?	1 2 3 4 5 6 7 8 9 10 ht
Integrity Is their pattern of behavior consistent with being honest and authentic?	1 2 3 4 5 6 7 8 9 10
Social Skills  Are they able to build and maintain relationships with peers?	1 2 3 4 5 6 7 8 9 10
<b>Optimism</b> Is this player able to see the good in those around them? Do they bring out the best others?	1 2 3 4 5 6 7 8 9 10
Citizenship/Community  Do they give back to their surrounding community and make a positive impact for others?	1 2 3 4 5 6 7 8 9 10
Overall Assessment Are they a mature, responsible citizen who makes a positive impact on those around them?	1 2 3 4 5 6 7 8 9 10
Additional comments	

On a separate sheet of paper, please provide any additional information about the applicant that you feel would compliment this application.



# Ponoka Minor Hockey Association PLAYER ACCELERATION APPLICATION



### **COACH RECOMMENDATION FORM**

TEAM INFORMATION:	
Player Name:	Current Team:
Coach Name:	Coach Email:
Coach Phone:	Date:
Coachability	1 2 3 4 5 6 7 8 9 10
Does the player accept coaches feedback, work on areas respect the coaching staff?	
<b>Motivation</b> The degree to which they are driven to achieve the goals the forth	e player sets 1 2 3 4 5 6 7 8 9 10
Effort Is the player consistent in their effort; whether it is a practice	1 2 3 4 5 6 7 8 9 10 or a game?
<b>Team Work</b> Are they a team player? Do they get along well with their te coaches, and others associated with the team?	1 2 3 4 5 6 7 8 9 10
Self Awareness  Are they capable of understanding the impact they have o teammates and those around them?	1 2 3 4 5 6 7 8 9 10 n their
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Persistence Is this player capable of staying on track despite any obstace pop up?	1 2 3 4 5 6 7 8 9 10
Integrity Is their pattern of behavior consistent with being honest and	1 2 3 4 5 6 7 8 9 10 authentic?
Social Skills  Are they able to build and maintain relationships with peers?	1 2 3 4 5 6 7 8 9 10
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Citizenship/Community  Do they give back to their surrounding community and mak impact for others?	1 2 3 4 5 6 7 8 9 10 e a positive
Overall Assessment Are they a mature, responsible citizen who makes a positive those around them?	1 2 3 4 5 6 7 8 9 10 impact on
Additional comments	•

Coach's Signature:

On a separate sheet of paper, please provide any additional information about the applicant that you feel would compliment this application.



Teacher's Signature:\_

# Ponoka Minor Hockey Association PLAYER ACCELERATION APPLICATION



### **TEACHER RECOMMENDATION FORM**

ACADEMIC INFORMATION:	
Student Name:	Grade:
Teacher Name:	School:
Teacher Email:	Date:
Post-Secondary Applicants: Concentration:	
Degree Progress:	
Scholastic Capabilities	1 2 3 4 5 6 7 8 9 10
<b>Motivation</b> The degree to which they are driven to achieve the goals the stud forth	1 2 3 4 5 6 7 8 9 10 dent sets
Self Awareness Are they capable of understanding the impact they have on thei classmates and those around them?	1 2 3 4 5 6 7 8 9 10 r
Persistence Is this student capable of staying on track despite any obstacles to pop up?	1 2 3 4 5 6 7 8 9 10 hat might
Integrity Is their pattern of behavior consistent with being honest and author	1 2 3 4 5 6 7 8 9 10 entic?
Social Skills  Are they able to build and maintain relationships with peers?	1 2 3 4 5 6 7 8 9 10
<b>Optimism</b> Is this student able to see the good in those around them? Do the out the best others?	y bring 1 2 3 4 5 6 7 8 9 10
Team Work Is able to contribute to the success and cohesion of the team	1 2 3 4 5 6 7 8 9 10
Citizenship/Community  Do they give back to their surrounding community and make a point impact for others?	
<b>Overall Assessment</b> Are they a mature, responsible citizen who makes a positive impa those around them?	ton 1 2 3 4 5 6 7 8 9 10
Additional comments	

On a separate sheet of paper, please provide any additional information about the applicant that you feel would compliment this application.

Teachers, please submit this recommendation form directly to Ponoka Minor Hockey Association via email: presidentpmha@gmail.com