



Coach / Manager / Safety Trainer Application

Name: _____ DOB: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone (Residence): _____ (Cell): _____

Email: _____

TEAM SELECTION

First Choice: _____ Second Choice: _____

Head Coach Asst Coach Manager Safety Trainer (Please check one)

(Category U7, U9, U11, U13, U15, U18) If these choices were not available, would you accept a different position?

Yes No

NATIONAL COACHING CERTIFICATION (Please fill out all applicable areas)

Coach Level 1 (U7 – U9)	Yes	No	Year Attained: _____
Coach Level 2 (U9 – U18)	Yes	No	Year Attained: _____
Checking Skills (U9 – U18)	Yes	No	Year Attained: _____
Safe Return to Hockey (NEW) (U7 – U18)	Yes	No	Year Attained: _____
Safety/Trainer Program (One per team U7 – U18)	Yes	No	Year Attained: _____
RIS Activity Leader # _____	Yes	No	Year Attained: _____
Other _____	Yes	No	Year Attained: _____

DECLARATION:

* I agree to follow the Bylaws, Regulations and Policy as set out by Provost Minor Hockey Association, Hockey Alberta and Hockey Canada.

* I hereby authorize Provost Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements.

* I agree the information on this application can be shared with the Provost Minor Hockey Association coach’s selection committee.

All coaches must provide a current Vulnerable Sector Check

SIGNATURE: _____

DATE: _____

Completed applications can be emailed to: president@provostminorhockey.com