



COACHING APPLICATION FORM

Application should be returned to:

**Attention: Coach Liaison Rimby Minor Hockey Association C/O Box 896
Rimby, AB T0C 2J0 OR**

Ph: 403-505-3522 email: dixoden13@hotmail.com

Name: _____

Player's Name:

Position Applied for: **COACH** or **ASSISTANT COACH**

Address: _____

City: _____, AB

Home Phone: _____ Cell Number: _____

Postal Code _____ Email: _____

Level Applying for (Please circle):

Initiation Tiny Mite Novice Atom Pee wee Bantam Midget

COACHES INFORMATION SECTION

Indicate your highest level of Coaching Certification attained: Level (Coach, Intermediate, Advance I) _____

NCCP# _____

Date Attained: _____

Initiation Program Attained: YES _____

Respect In Sport Program Attained: YES _____

HCSP(Safety) Program Attained: YES _____

Will you participate in Coach Development sessions?

YES _____ NO _____

PREVIOUS COACHING EXPERIENCE

Year	Association	Division	Position

REFERENCES

NAME ADDRESS PHONE #

1. _____
2. _____
3. _____

Please Note: If you are showing a desire to coach, you will be requested to volunteer your time during evaluations, on ice or as an evaluator, to further aid in the improvement of our evaluation process.

I, the undersigned, agree to follow the Philosophy and the Coaching policy as set out by the Rimbey Minor Hockey Association and all other team policies as set out in the RMHA Handbook.

NOTE: Coaches who have completed a **Criminal Record Check** last season will not be required to do so for the current season. All others are required to complete a **Criminal Record Check** as part of the Canadian Hockey Association and Hockey Alberta and Rimbey Minor Hockey Abuse and Harassment Program and include it with this application. I agree to abide by the rules, regulations, and decisions as set by the Rimbey Minor Hockey Association.

PRINT NAME _____

DATE _____

SIGNATURE: _____