# COACHES / TRAINERS APPLICATION

**2017-2018 SEASON**

**Name:**

**Address:**

**City/Town: Telephone Home:**

**Postal Code: Cell:**

**Email Address: Birth Date (dd/mm/yy):**

**(Please provide a current email address, as this is the preferred method of communication)**

##### Team Choice Representative or House League

**(Coaches will be required to provide a season plan, practice plans and goals prior to an interview with the coach selection committee)**

**Division Tyke Novice Atom Pee Wee Bantam Midget Juvenile**

## Details Children Playing Yes or No

#### Coaching / Trainer / Manager Experience

**Last Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Teams**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Training Levels

### National Coaches Certification Program

**Current Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_**

**Year Attended \_\_\_\_\_\_\_\_\_\_\_**

**Trainers Certification Program**

**Current Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_**

**Year Attended \_\_\_\_\_\_\_\_\_\_\_**

**Prevention Services Certification Program**

**Number \_\_\_\_\_\_\_\_\_\_\_\_ Year Attended \_\_\_\_\_\_\_\_\_\_\_**

* **Application may not be considered if Coaches/ Training and PRS numbers are not provided**

#### Other Clinics or Training Workshops related to Hockey / Communications

## Details Dates

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#### References

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Commitment

I certify that the above information represents an accurate description of my qualifications. As a coach / trainer or volunteer of any representative team or house league team I will seek and attain the proper training required by the Canadian Amateur Hockey Association and ensure that every member of the teams’ volunteer staff is trained appropriately. If accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I will know and understand the association rules of fair play and treatment of players.

I understand if accepted as a coach / trainer or volunteer of any Frontenac Minor Hockey Association team I am required to have a CPIC completed at my local OPP office. This CPIC will be kept in a confidential file only viewed by select FMHA Executives.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return all applications to Coach Coordinator at [coach@frontenachockey.ca](mailto:coach@frontenachockey.ca). Applications may be mailed to FMHA P.O. Box 457 Verona, Ontario, K0H 2W0. Applications are also available on our website – [www.frontenachockey.ca](http://www.frontenachockey.ca)