



**Charlotte County Minor Hockey Association
Coaches Application Form**

Name: _____

Address: _____

Birthdate: _____

Telephone: Home _____ Cell _____

Work _____ Pager _____

Other _____

Fax: _____

Email: _____

Employer: _____ Occupation: _____

Address: _____

Telephone: _____

Preferred Coaching Assignment

Check applicable level and position

DIVISION	HEAD COACH	ASSIST. COACH
Initiation		
Novice		
Atom		
Pee Wee		
Bantam		
Midget		

If this choice was unavailable, would you accept a different position? _____

Please identify by marking 2nd in the level and position of interest

Do you have a child in this division / level? _____

Coaching References

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Undertakings

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, HNB, CCMHA. I agree to carry out and abide by their constitutions, bylaws, rules, and regulations. I further agree that, should I act in contrary to these constitutions, bylaws, rules, and regulations, I may be relieved of my coaching responsibilities at the discretion of the CCMHA Executive Committee.
3. I hereby agree that, as part of the process to become a coach for CCMHA, I will adhere to the coaches "Code of Conduct" agreement and I further agree that I will abide by the principles and conduct described therein. I further agree that, should I not abide by the principles and conduct described therein, I may be relieved of my coaching responsibilities at the discretion of the CCMHA Executive Committee.
4. I hereby agree to familiarize myself with the requirements for coaching minor hockey and will ensure that I meet the required level of certification/training.
5. By way of this application, I give permission to CCMHA to contact my coaching references and to conduct a background check on me that includes a criminal record search and a search for other relevant police information. I will provide the criminal record check to CCMHA Executive Committee upon selection.

Print Name/Signature: _____