NORTHSIDE & DISTRICT MINOR HOCKEY ASSOCIATION COACHES APPLICATION 2023-2024

Name:

 Address:

 Email Address:

Birth Date (dd/mm/yr.)

 Team Choice Representative or Recreational League (circle one) Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division (U7) \_\_\_\_\_ (U9)\_\_\_\_ (U11) \_\_\_\_ (U13) \_\_\_\_\_ (U15) \_\_\_ (U18) \_\_\_\_\_ Please specify what level AA, A, B or C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Coach or Assistant Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details: Children Playing in Division Choice 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 \_\_\_\_\_\_\_\_\_\_\_

NSDMH ASSOCIATION Respect in Sport – Activity Leader Year Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Communication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ References Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I certify that the above information represents an accurate description of my qualifications. As a coach / trainer or volunteer of any rep team or Rec 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 NSDMH Association team, I will know and understand the association rules of fair play and treatment of players. I will maintain an inclusive dressing room that adheres to HNS maltreatment rules. I understand if accepted as a coach / trainer or volunteer of any NORTHSIDE & DISTRICT MINOR HOCKEY Association team I am required to have a Criminal Record & Vulnerable Sector completed at my local Policing office. These records will be kept in a confidential file only viewed by select NSDMH executives.

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

Please return all applications to Northside & District Minor Hockey Association. Applications may be delivered by hand to the Office at the Emera Centre, or emailed to nsminorhockey@bellaliant.com