



COACH APPLICATION

Box 3666 Spruce Grove, AB T7X 3A9
email office@sgmha.ca

Name: _____

Address: _____

City: _____ P.C. _____

E-Mail Address: _____

Contact Number: _____

Have you been charged with a criminal offense involving minors (any person under the age of 18 years)? YES NO

COACHES INFORMATION SECTION

Indicate your highest level of Coaching Certification attained.

Coach Level (Coach1, Coach 2, Development I, etc): _____

Checking Skills Course Attained: YES NO

Respect in Sports Program Attained: YES NO

Have you completed any Hockey Alberta Professional Coach Development Clinics (ie: Developing Defensemen, Skating, Goaltending Small Area Games): YES NO

If so please list them:

Will you participate in SGMHA's Coach Development sessions? YES NO

Would you be willing to work with a Coach mentor? YES NO

PREVIOUS COACHING EXPERIENCE

<i>Year</i>	<i>ASSOCIATION</i>	<i>DIVISION</i>	<i>POSITION</i>
1.			
2.			
3.			
4.			
5.			

1. Do you have any obligation that may restrict the amount of time you can allot to coaching? If yes please explain. (Answering Yes to this question does not disqualify applicants)

2. What is your coaching "philosophy"?

REFERENCES

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
1.		
2.		
3.		

Declaration:

- ❖ I agree to follow the Bylaws, Regulations and Policy as set out by Spruce Grove Minor Hockey Association, Hockey Alberta and Hockey Canada.
- ❖ I hereby authorize Spruce 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 U13AA coaches selection committee.

Signature: _____ Date: _____

Final decision for approval of coaching applications rests with the U13AA Coaches Selection Committee. The Chair of Operations will notify the successful applicants. Applications the SGMHA Chair of Operations (chairfofoperations@sgmha.ca).