



LEFROY MINOR HOCKEY ASSOCIATION

www.lefroyminorhockey.com

COACHING APPLICATION

Personal Information

Name:

Address:

Phone Numbers:

Email Address:

Team Choices

First Choice:

Second Choice:

Third Choice:

Certifications & Background Check

NCCP Certifications: (List number & completion date)

PRS Certifications: (List number & completion date)

I agree to provide a Vulnerable Sector Police Screening as soon as a coaching position is offered.

Yes_____ No_____



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Experience – List most recent first

1.

2.

3.

References – Professional, Parent, Coach, Etc

1.

2.

3.

Why do you want to be a coach in Lefroy?



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Coaching Agreements

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, OHF, OMHA, and the local Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules & regulations.
3. I hereby acknowledge that I have read and understand the Coach's role outlined in the "Coaches" Code of Conduct".
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching in the OMHA and ensure that I maintain the required level of certification.
5. I understand that Player Development is a priority of the Association, and I support this.
6. I hereby agree to actively participate in all development & Coach Mentorship sessions.
7. I hereby agree to provide a detailed Seasonal plan prior to the commencement of the season.
8. I hereby pledge to provide the best program I can for my players.
9. I will provide a Vulnerable Sector Check to Lefroy Minor Hockey prior to the start of the Hockey season.

Agreement and Acknowledgement

Applicants Name: _____

Applicants Signature: _____

Date: _____

LEFROY MINOR HOCKEY WILL NOT ALLOW ANY PERSON OF A COACHING STAFF ON ICE OR OFF ICE CONTACT WITH PLAYERS UNTIL A VULNERABLE SECTOR CHECK IS COMPLETE!