

St. Stephen Minor Hockey Association



Coaching Application Form

Name: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____
 Cell: _____ Other: _____

Email address: _____

Coaching Assignment Requested:

- Initiation 1 Novice 1 Atom A/B Pee wee A/B Bantam A/B
 Initiation 2 Novice 2 Atom C Pee wee C Bantam C
 Midget

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

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

Would you consider helping another coach with a team? _____

Certification/Training:

	<u>Year Completed</u>	<u>Location</u>
Introduction to Coaching		
Coach Stream		
Development 1		
Development 2		
High performance 1 or 2		

Hockey Canada Respect In Sport Certified? Yes No

Hockey Canada Safety Program Certificate? Yes No If yes, expiration date: _____

St. Stephen Minor Hockey Association

Coaching Experience:

Hockey (list in order, starting with most recent)

Year	Team	Age group	Position

Other Sports (list in order, starting with most recent)

Year	Sport	Team	Age group	Position

Hockey Playing Experience (list in order, starting with most recent)

Year	Association and Team	Level

St. Stephen Minor Hockey Association

Briefly describe your season plan. Please include your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.

Based on your knowledge of the team and players, whom do you expect to include on your support staff? (Subject to Executive approval)

Manager: _____

Assistant Coach(es): _____

Trainer/Safety person: _____

Why do you want to coach this team?

Undertakings

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, Hockey New Brunswick, Southern New Brunswick Minor Hockey Association and the St. Stephen Minor Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.
3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.

Signature: _____

Date: _____

Please email your application to: Mike O'Connell ssrec@nbnet.nb.ca
Or Troy Hatt, Technical Director troyhatt@gmail.com

Or submit your application to: SSMHA
22 Budd Ave.
St. Stephen, N.B.
E3L 1E9