



APPLEWOOD

HOCKEY ASSOCIATION APPLICATION

for position as a: Coach / Manager / Trainer

POSITION APPLIED FOR: Coach Manager Trainer Assistant Coach

NAME: _____

ADDRESS: _____ & Number: _____

City: _____

Postal Code: _____ Phone: (H) _____ (B) _____

E-Mail Address _____

PREVIOUS EXPERIENCE: Please indicate your past involvement in hockey and provide information on the Association, level of competition and age groups involved with. Also include number of years involved with each Association; _____

COACHING QUALIFICATIONS: YES NO
CERTIFICATION LEVEL; _____ CERTIFICATION NO. _____

DATE ISSUED; _____

TRAINER'S CERTIFICATION: YES NO LEVEL; _____
CERTIFICATION NO. _____ EXPIRY DATE: _____

PLEASE INDICATE ANY OTHER PERTINENT INFORMATION ON THE BACK OF THIS FORM

FOR THE UPCOMING SEASON, PLEASE RESERVE: First Choice; _____
Second Choice; _____ Third Choice; _____

I understand that Coaches, Managers and trainers in the Applewood Hockey Association are responsible for providing coverage for RINK DUTY as allocated throughout the season (3 or 4 times per season). I also understand that other duties include the promotion and attendance at Association events, promotion of fund raising activities, attendance at meetings called by the Association and respect of all rules and regulations specified in the Applewood Hockey Association Constitution and By-Laws and the Mississauga Hockey League Constitution and By-Laws.

I understand that failure to comply with any of the above may result in disciplinary action.

DATE: _____

SIGNATURE: _____

BE SURE OF YOUR COMMITMENT !!!