

Certification

Completed Yes / No

Respect in Sport	_____	Expiry: _____
Hockey Canada Safety	_____	Expiry: _____
Checking Skills	_____	Expiry: _____
Coach 1 Introduction	_____	Expiry: _____
Coach 2 Coach Level	_____	Expiry: _____

Hockey Coaching Experience

(List in order, starting with most recent)

<u>Year</u>	<u>Association and Team Name</u>	<u>Age Group</u>	<u>Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Sports

<u>Year</u>	<u>Sport</u>	<u>Association</u>	<u>Age Group</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 1. I hereby consent to disclosure of the above information.**
- 2. I hereby acknowledge the authority of the CHA, Hockey Alberta, Fort Macleod Minor Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.**
- 3. By way of this application, I give permission to Fort Macleod Minor Hockey Association to pursue a criminal record search on myself if necessary.**

Signature: _____ **Date:** _____