



Sexsmith Minor Hockey Team Management Application 2017-2018 Season

Name: _____ Birthdate: _____ Phone: _____ (H)
 _____ (W)
 Address: _____ Fax: _____
 Alberta Health Care: _____ Cell: _____
 Email: _____

*****All fields above are required*****

What division are you applying to coach or assist for 2017- 2018?

	Coach or Assist	Manager or Trainer	Division
1st Choice			
2nd Choice			

Certification required:

Hockey Alberta Coaching Requirements

Local Minor Hockey Associations and Club Teams must ensure by November 15th that all Teams meet the requirements outlined in the Hockey Alberta coaching requirements. Any Team that does not meet the requirements outlined within the Hockey Alberta regulations is not an eligible team and is not able to participate in sanctioned games.

Once the certification deadline passes, any team that does not meet the required certifications for their Team Officials will be notified that they are ineligible to participate until they have obtained the proper certifications.

Which CERTIFICATION LEVEL do you hold? Certifications will be verified with Hockey Canada.

Initiation _____	Year Attained: _____	Province: _____
Coach _____	Year Attained: _____	Province: _____
Development 1 _____	Year Attained: _____	Province: _____
Can Safety _____	Year Attained: _____	Province: _____
Speak Out _____	Year Attained: _____	Province: _____
Checking Skills _____	Year Attained: _____	Province: _____

You must attain the level of certifications required by Nov 15 of the current year

COACHING EXPERIENCE: Starting with the most current

YEAR	ASSOCIATION	CATEGORY ie: Midget	DIVISION ie: AA
2016-17			
2015-16			
2014-15			

References: People we may contact who have knowledge of your qualifications.

Name Address and Phone Number

APPLICANT'S AGREEMENT

I will abide by the Hockey Canada, Hockey Alberta and the SMHA Constitution and Handbooks, I agree to attain the level of certifications required by Nov 15 of the current year.

Your signature below indicates acceptance and compliance with all of the above.

Signed/Signature and consent of applicant: _____ Date: _____

Attention: Coaches and Assistant Coaches

Please complete the following questions in full.

1. What is your team development plan for the upcoming season?

2. What is your player development plan for the upcoming season?

3. In your own words, what leadership qualities would you bring to a team?

****ALL APPLICANTS****

All applications must be completed in full. Please return your completed forms to a member of the SMHA Executive by Aug 30, 2017.