



COACH APPLICATION

Box 3666 Spruce Grove, AB T7X 3A9
Fax 780-571-0065 email office@sgmha.ca

Name: _____

Address: _____

City: _____ P.C. _____

E-Mail Address: _____

Home Phone: _____ Cell Number: _____

Do you have a child registered with SGMHA? YES NO Level _____

Have you been charged with a criminal offense involving minors (any person under the age of 18 years)? YES NO

Positions Applying for: Indicate 1st, 2nd and 3rd Choices

Division	AAA	AA	Tiered
Initiation			
Novice			
Atom			
PeeWee			
Bantam			
Midget			

COACHES INFORMATION SECTION

Indicate your highest level of Coaching Certification attained.

Coach Level (Coach, Development I, etc) _____

NCCP # _____ Date Attained: _____ Location: _____

Checking Skills Course Attained: YES NO

Date Attained: _____ Location: _____

Respect in Sports Program/Speak Out Attained: YES NO

Date Attained: _____ Location: _____

Safety Program Attained: YES NO

Date Attained: _____ Location: _____

3. What will be some of your team goals and objectives?

4. How would you handle a parent concern/complaint on your team?

References

Name	Address	Phone Number
1.		
2.		
3.		

Declaration:

- ❖ *I agree to follow the Bylaws, Regulations and Policy as set out by Spruce Grove Minor Hockey Association, Hockey Alberta and Hockey Canada.*
- ❖ *I hereby authorize Spruce Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements.*
- ❖ *I agree the information on this application can be shared with the SGMHA coaches selection committee.*

Signature: _____ **Date:** _____

Final decision for approval of coaching applications rests with SGMHA Coaches Selection Committee. Division Directors will notify successful applicants. Applications should be returned to the Divisional Director of SGMHA.

Office Use Only	Approved YES <input type="checkbox"/> NO <input type="checkbox"/>	
Division:	Position:	Team: