

Coaching Application Form



PASSION. PRIDE.PLAY.

Port Coquitlam Minor Hockey Association
 P.O. Box 44
 Port Coquitlam BC
 V3C 3V5

Head Coach

Assistant Coach

Please Print All Information Clearly

Coach's Name: _____	Age:(optional) _____
Address: _____	E-mail _____
City: _____	Address: _____
Postal Code: _____	Cell Phone: _____
	Work Phone: _____
	Alternate Phone: _____

Program Preference & Level

Novice-Minor/Novice	U6	<input type="checkbox"/>	U7	<input type="checkbox"/>	U8	<input type="checkbox"/>	U9	<input type="checkbox"/>
Major								
U11 (Atom)	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	C	<input type="checkbox"/>		
U13 (Pee Wee)	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	C	<input type="checkbox"/>		
U15 (Bantam)	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	C	<input type="checkbox"/>		
U18 (Midget)	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	C	<input type="checkbox"/>		
U21 (Juvenile)	A1	<input type="checkbox"/>	A2	<input type="checkbox"/>	C			

Coaching Certification

Level: _____ Year Obtained: _____

Y | N Year: _____

Have you completed the Hockey Canada "Respect In Sport" Program?

Y | N

Are you certified to coach the level for which you are applying?

Y | N

If not, are you available to take the necessary weekend clinic(s) to satisfy the requirement?

Y | N

If applicable, do you feel your child will make the

team for which you are applying?

In what portion of the team do you feel your child will rate?

Bottom | Middle | Top

Will you coach the team if an independent committee does not assess your child will make the team?

Y | N

Criminal Record/Respect in Sport

All coaches are subject to a criminal record check. Please visit pocominorhockey.com>coachescorner for more information on these requirements.

If you have knowledge that you require a new or updated Criminal Record Check please do so before submitting your Coaching application.

Coaching Experience: *(list in order, starting with most recent)*

Season	Association	Level	Position

Coaching References:

Name	Phone Number

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

Season	Association	Level	Position

Undertakings

1. I hereby consent to the disclosure of the above information
2. I hereby acknowledge the authority of Hockey Canada, BC Hockey, Pacific Coast Amateur Hockey Association and Port Coquitlam Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.

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3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirement for coaching minor hockey and ensure that I maintain the required level of certification.
 4. By way of this application, I will provide the Port Coquitlam Minor Hockey Association with a current criminal record search of myself.

Signature: _____ Date: _____

Printed Name: _____

If you feel there is additional information which is relevant, please attach the information to this application.

Please email this application to coachingcoordinator@pocominorhockey.com