



Wawa Minor Hockey Association
Coaching Package Application 2017-2018 Season

Name: _____	
Address: _____	
Email: _____	Cell: _____
Date of Birth: _____	

<u>Team Selection:</u> (Initiation, Novice, Atom, Peewee, Bantam, Midget)	
Travel Team:	1st Choice _____
	2nd Choice _____
House League:	1st Choice _____
	2nd Choice _____
<u>Position(s) You Are Applying For:</u> _____	
(Coach, Asst. Coach, Trainer, Manager)	
	1st Choice _____
	2 Choice _____

If these choices are not available, would you accept a different position?

Yes ___ No ___

CERTIFICATION #

Initiation Level: _____ Coach Level _____

Development 1: _____ Trainer: _____

Respect in Sports: _____ Body Checking: _____

PREVIOUS COACHING EXPERIENCE

Year	Team	Category	Position
_____	_____	_____	_____
_____	_____	_____	_____

References

Name: _____

Address _____

Phone: _____

Name: _____

Address _____

Phone: _____

CONSENT FOR CRIMINAL RECORD SEARCH MUST BE SUBMITTED BY ALL VOLUNTEERS, AS MANDATED BY THE ONTARIO HOCKEY FEDERATION AND HOCKEY CANADA PRIOR TO THE START OF THE WMHA SEASON.

Please list the individuals you are considering as part of your team management:

Manager: _____ Respect in Sports # _____

Assistant Coach: _____ Respect in Sports # _____

Assistant Coach: _____ Respect in Sports # _____

Trainer: _____ Respect in Sports # _____

I have read the Code of Conduct and agree to it.

Signature

Date