**BRIGHTON MINOR HOCKEY ASSOCIATION**

**COACHES APPLICATION**

**2021-2022 SEASON**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date (dd/mm/yr) : \_\_\_\_\_\_\_\_\_\_\_\_**

**Team Choice Representative or Local League**

**Division: U8 (Minor Novice) U9 (Major Novice) U11 (Atom) U13 (Peewee)**

 **U15 (Bantam) U18 (Midget)**

**Coaching Experience**

**Last Team: Division \_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Teams (Rep or LL)**

 **Division \_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_**

 **Division \_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_**

 **Division \_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_**

 **Division \_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_**

**Coaching Certifications : Current Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRIGHTON MINOR HOCKEY ASSOCIATION**

 **Respect in Sport – Activity Leader Complete**

 **Gender Identity Course Complete**

**Other Clinics or Training Workshops Related to Hockey / Communications**

 **Details Dates**

**Commitment**

I certify that the above information represents an accurate description of my qualifications. As a Coach/Trainer or volunteer of any Representative team or Local League team I will seek and attain the proper training required by Hockey Canada and ensure that every member of the teams’ volunteer staff is trained appropriately. If accepted as a coach/trainer of any Brighton Minor Hockey Association team I will know and understand the association rules of fair play and treatment of players.

I understand if accepted as a coach of any Brighton Minor Hockey Association team I am required to have a CPIC completed at my local OPP office. This CPIC will be kept in a confidential file only viewed by select BDMHA Executives.

 **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return all applications to Jay Scott (****jayscott1@gmail.com****) or Adam Flatt (****adam.flatt@hotmail.com****)**

**Application may be delivered by hand or by email**

**Applications are due by July 31, 2021**