

**SUSSEX and DISTRICT MINOR HOCKEY ASSOCIATION
COACHING APPLICATION FOR YEAR _____**

NAME: _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (C) _____

EMAIL: _____

DO YOU HAVE A CHILD REGISTERED WITH SUSSEX MINOR HOCKEY
YES _____ NO _____

TEAM OR LEVEL YOU WOULD LIKE TO COACH:

HAVE YOU EVER COACHED MINOR HOCKEY? YES _____ NO _____

IF YES, WHAT LEVEL(S) HAVE YOU COACHED

PLEASE LIST COACHING CERTIFICATE(S) ACQUIRED

**IF YOU DO NOT HAVE THE REQUIRED COACHING LEVEL YOU WILL BE
REQUIRED TO COMPLETE THE NECESSARY COURSE(S) BEFORE
DECEMBER 15 OF THIS YEAR.**

IF A HEAD COACH POSITION IS NOT AVAILABLE IN THE DIVISION YOU ARE
APPLYING FOR WOULD YOU BE WILLING TO COACH ANOTHER DIVISION?

YES _____ NO _____

COACHING PHILOSOPHY:

In the space below describe your coaching philosophy. Please include how you would approach player selection and development, dealing with parents, player discipline, practice planning, game preparation, officials and any other hockey related issues that you feel are important.

PLEASE READ IN FULL

I am aware that the first aim of minor sports is the personal and character development of each participant and winning is merely a secondary achievement. I agree that the actions of all coaches during any game shall be that of gentlemanly conduct and shall exemplify good example. I am aware and agree that any behavior on my part that would be contrary to the above aims could cause the forfeit of my coaching privileges. I further agree to abide by the constitutions, by-laws, rules, and regulations of the CAHA, HNB, and SUSSEX MINOR HOCKEY. I undertake to conduct myself in a manner which benefits the position of trust and leadership for which I may be appointed. I acknowledge that I may face disciplinary action under the rules of amateur hockey if I fail to maintain the level of conduct and sportsmanship required by these organizations.

SIGNATURE _____ **DATE** _____