





COACH APPLICATION

			·	sons interested in coaching
•				complete this form and email by
	categories of the ap			
Name: Email: City: City: City: Email: City: City				
	on or daughter playi		Yes	No
What division?		_		
Past Hockey Co	aching Experience			
Indicate capacit	y served, (i.e.) head	coach, assistant c	oach, general man	ager, etc. Attach additional
sheet if required	d			
Year	Association	Division	League	Capacity/Position
Identify your st	rengths as a coach:			
Identify any are	eas of improvement	you may need as	a coach and state	how CMH can support you:
Coaching Prefer	rences: (Check your	preference)		
Head Coach:	Assistant Co	oach:		
Coaching Clinics	s and Courses:			
_	I the clinics you have	e completed)		
				rel I 🔲 Speak Out 🔲
				Alberta Checking Skills
, , ,	Online) 🔲 Res		ine Parent Prograr	n) 🗖
Respect in Sport	t (Online Coach Prog	ram)		
Signature:		Date:		