

ST. CATHARINES CYO MINOR HOCKEY HEAD COACH APPLICATION FORM



I am applying for Head Coach for the following Program:

- Select Program House League

Name: _____

Address: _____

City: _____ Postal: _____ Telephone: _____

Birth Date: ____/____/____ (We require birth date for Hockey Canada database).
 Day Month Year

Select Program: DIVISION _____ (Atom, Peewee etc.)

- Minor or Major

House League Team:

HL PARISH: _____

HL DIVISION: _____

Hockey Certification is mandatory for all CYO team official positions.

NOTE: The Prevention Services Certification (PRS) and a Police Check are required for all positions.

Please identify your certification:

Coaches Certification Program (NCCP) Certificate #: _____

Trainers Certification Program (NTCP) Certificate #: _____

Prevention Services (PRS) / Speak Out Certification #: _____

The year your Police Check Expires: _____.

****Please submit your coaching experience on a separate piece of paper.****

I, the undersigned, have read and agreed to abide by the St. Catharines CYO Minor Hockey League Association By-Laws, Rules and Guidelines if I were selected as a team official. I will accept full responsibility for my actions while acting as a Team Official of the St. Catharines CYO Minor Hockey Association. All applicants are subject to interview and review by the Parish Leader/Program Director and/or the CYO Board.

Signature: _____ Date: _____