



## **ST. CATHARINES CYO HURRICANES** **COACHING APPLICATION FORM**

Team applying for: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Postal: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hockey Certification is mandatory for all team official positions.

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

**EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COACHING PHILOSOPHY:** (Please provide reasons why you would like to coach and your ideas for the team you are applying for)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Hurricane Association. All applicants are subject to interview and review by the Executive of the Hurricane Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_