



St. Catharines CYO Minor Hockey Association

P.O. Box 21111, Lincoln Mall Postal Outlet, St. Catharines, ON L2M 7X2 Phone 905-687-9430 Fax 905-687-7083 www.cyo-hockey.on.ca

SELECT COACHING APPLICATION

Personal Information:

Name: _____ Birthdate: _____

Address: _____

Telephone: _____ Email: _____

Coaching Information:

Division Applying For: _____
Minor Major

Are you currently coaching a CYO Team? If yes, please specify which one: _____

Previous Team(s) Coached: _____

Highest Level Coached: _____ Certification # : _____

Date of Police Check: _____



St. Catharines CYO Minor Hockey Association

P.O. Box 21111, Lincoln Mall Postal Outlet, St. Catharines, ON L2M 7X2 Phone 905-687-9430 Fax 905-687-7083 www.cyo-hockey.on.ca

Additional Information:

Do you have a child who will be playing on this team? _____

If so, which position does he/she play? (Circle one): Goalie Player

Coaching Staff – have you decided on the following Team Officials? (please provide their name & the position their child plays):

Trainer: _____

Assistant Coach: _____

Assistant Coach: _____

Manager: _____

Please note: The St. Catharines CYO Minor Hockey Association requires all Team Officials to be certified and must have a valid, CYO specific Police Check on file with the League. All applications are subject to a vote of the Hockey Council.

I, the undersigned, have read and agreed to abide by the St. Catharines CYO Minor Hockey Association’s By-Laws, Rules and Guidelines. I will accept full responsibility for my actions while acting as a Team Official of the CYO Select Program.

Signature: _____ Date: _____