

NELSON MINOR HOCKEY ASSOCIATION

COACHING APPLICATION FORM

2009 - 2010

OTHER SPORTS

YEAR	ASSOCIATION	TEAM NAME	POSITION (Head Coach / Assistant Coach / Trainer / etc.)	DIVISION Or AGE GROUP

PLAYING EXPERIENCE (LIST IN ORDER, STARTING WITH MOST RECENT)

YEAR	ASSOCIATION	TEAM NAME	AGE

COACHING REFERENCES

NAME	ADDRESS	PHONE	POSITION

UNDERTAKINGS

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of the CHA, BCAHA, the District and local Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
3. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.
4. By way of this application, I agree to provide a criminal record check with the Authority having jurisdiction .(Only required if not on record with B.C.A.H.A.)

Signature: _____ Date: _____

Please return completed application to:
Nelson Minor Hockey Association
Box 766 Nelson BC V1L 5R4
Attention: Greg Andrusak