



**NELSON MINOR HOCKEY ASSOCIATION  
BOX 766 NELSON BC V1L 5R4**

**2019-2020 COACHING APPLICATION FORM**

**PERSONAL INFORMATION**

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

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

Email address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PREFERRED COACHING ASSIGNMENT**

Novice \_\_\_ Atom \_\_\_ Pee Wee \_\_\_ Bantam \_\_\_ Midget \_\_\_

House \_\_\_ Rep \_\_\_

Head Coach \_\_\_ Assistant Coach \_\_\_

**CERTIFICATION/TRAINING**

COURSE	DATE	LOCATION
Respect in Sport (Required by BC Hockey)		
HCSP (Hockey Canada Safety Program)		
Initiation		
Coach Level/Coach Stream		
Intermediate/Development 1		
Advanced Level I or II		
NCCP (Nat. Coaching Cert. Program)		

**\*\* Proof of certification REQUIRED \*\***

Please list other relevant courses:

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

**COACHING EXPERIENCE**

HOCKEY (list in order, starting with most recent)

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

**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

**QUESTIONS** (circle appropriate response)

Do you have a child registered in NMHA? YES NO

Are you certified for the level for which you are applying? YES NO

If you are not certified at the requirement level, are you willing to acquire the required qualifications to obtain your certification? YES NO

**UNDERTAKINGS**

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, BC Hockey and the Nelson Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
3. I hereby agree to familiarize 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.
5. I agree to get the required qualifications as required by Hockey Canada, BC Hockey and NMHA.
6. Nelson Minor Hockey follows the Hockey Canada Long Term Player Development guidelines (LTPD).  
By signing this, I agree to follow the Hockey Canada manual provided to me and the guidelines set out by Nelson Minor Hockey.

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

Please return completed application to:  
**Nelson Minor Hockey Association**  
**Box 766**  
**Nelson, BC V1L 5R4**  
**email to: info@nelsonmha.ca**



**NELSON MINOR HOCKEY ASSOCIATION**

**TEAM OFFICIALS' CONTRACT**

It is the intention of this CONTRACT to promote fair play and respect for all participants within the Nelson Minor Hockey Association. All coaches must sign this CONTRACT before being allowed to participate in hockey and must continue to observe the principles of Fair Play.

**FAIR PLAY CODE**

I will be reasonable when scheduling games and practices remembering that young athletes have other interests and obligations.

I will teach my athletes to play fairly and to respect the rules, officials, opponents and teammates.

I will ensure all athletes receive equal instruction, discipline, support and appropriate, fair playing time.

I will not ridicule or yell at my athletes for making mistakes or for performing poorly. I will remember that children play to have fun and must be encouraged to have confidence in themselves.

I will make sure that equipment and facilities are safe and match the athlete's ages and ability.

I will remember that children need a coach they can respect. I will be generous with praise and set a good example.

I will obtain proper training and continue to upgrade my coaching skills.

---

I agree to abide by the principles of the FAIR PLAY CODE as set by Hockey Canada and supported by the Nelson Minor Hockey Association.

I also agree to abide by the rules, regulations and decisions as set for the Nelson Minor Hockey Association.

PRINT  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE:

TEAM OFFICIAL \_\_\_\_\_ TEAM NO. \_\_\_\_\_

---