



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. _____
