



Coronation Minor Hockey Association

Home of the Bengals



c/o Coronation Arena & Pool, 81 Macklin St. N. Hamilton, Ontario L8S 3R9
 Member – Hamilton Minor Hockey Council
 Member – Alliance Hockey

COACHING APPLICATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ WORK: _____

EMAIL: _____

APPLYING FOR: HOUSE LEAGUE and/or SELECT

DIVISION: TYKE - NOVICE - ATOM - PEEWEE - BANTAM - MIDGET - JUVENILE

PLEASE FILL IN YOUR CERTIFICATION NUMBERS AND CHECK ITEMS THAT APPLY:		
	(certification # if applicable)	I AM WILLING TO BECOME CERTIFIED AS:
DEVELOPMENT/LEVEL/COACH STREAM	# _____	_____
INTERMEDIATE COACH	# __-IC-__-__-__-__-__-__-__	_____
SPEAK OUT (PRS)	# __-PRS-__-__-__-__-__-__-__	_____
TRAINERS CERTIFICATION	# __-TK __-__-__-__-__-__-__	_____

COACHING EXPERIENCE: _____

REFERENCES:

1	_____	PHONE	_____
2	_____	PHONE	_____
3	_____	PHONE	_____

MINIMUM REQUIREMENTS FOR EACH TEAM:

- Head coach must have a minimum of a Coach Stream certificate.
- Each team must have a certified Trainer
- All on ice/on the bench helpers must have Speak Out
- Every volunteer is required to submit to a Police background check

SIGNATURE: _____ **DATE:** _____

**Please send completed applications in the appropriate VP of the division you are applying for