

# Clinic Application

Revised 2009

Hamilton Minor Hockey Council

## Hamilton Applicants



**PLEASE PRINT CLEARLY**

Last Name

First Name

Initial

Association

Tier

Rec, HUB, AA

Division

eg. Novice, Atom, Pee Wee

Team Name

Position

Are you speak out certified ?

 Yes  No (circle one)

If yes do you have a certificate or PRS Card?

 Certificate  PRS Card (circle one)

PRS Number:

Home Phone Number

e-mail Address

Are you a certified coach ?

 Yes  No (circle one)

Coach Certificate Number

Are you a certified trainer ?

 Yes  No (circle one)

Trainer Certificate Number

Clinic Requested

Type

Clinic ID

Clinic Date

Clinic Fee

## Confirmation of Your Application

Your Association's TDC Representative is required to confirm in writing your registration in the clinic. A clinic information pamphlet will be given to you showing the clinic type, date and location.

**IF YOU DO NOT ATTEND THIS CLINIC ONCE CONFIRMED, OR DO NOT GIVE A MINIMUM OF 2 WEEKS NOTICE FOR NOT ATTENDING, OR CANCEL WITH LESS THAN 2 WEEKS WITHOUT PROOF OF JUST CAUSE YOU WILL NOT BE SUBSIDIZED AGAIN FOR ANY HAMILTON MINOR HOCKEY COUNCIL CLINICS!!**

I UNDERSTAND THAT I AM REGISTERING FOR A CLINIC IN WHICH I MUST ATTEND OR WILL NOT BE SUBSIDIZED AGAIN FOR ANY OTHER CLINICS INCLUDING RE-ATTENDING THIS ONE.

Applicant's Signature

Application Date

**See page 2**

## **Additional Clinic Information**

Speak Out and Body Contact are part of the Coach Clinic Program

**Helmets are MANDATORY for all Development Coach clinics**

**If you are late you will not be admitted.**

Registration generally takes 15 minutes and clinic starts immediately after that point. You must be registered by that time.

**You must be present for the entire clinic to be certified.**

**Clinics are for adults** - children are not welcome.

**Just Cause - The reason** must be forwarded to the TDC Chairman in writing in order to obtain permission to be subsidized and given permission to attend another clinic

A hockey game or birthday party or tournament is not just cause. Just cause is (for example) an unavoidable reason such as a death in the family, major illness, car accident or unexpected business trip.

**POOF OF REASON WILL BE REQUESTED**

Requests for permission due to just cause should be forwarded through your Association's TDC Representative.

### **Development 1 Clinic Format**

Speak Out is on the Friday night - the on ice portion could be on the Sat or the Sun but will be confirmed with an agenda on the Friday evening. Do not bring your equipment to the Friday night session.

### **Trainer's Note**

To register as a trainer you must be speak out certified. If you are not speak out certified please make sure your association's TDC representative registers you in a speak out clinic.

Speak Out is not part of the trainer's clinic.

**You are most welcome but your cell phone is not.** Please turn it off or to vibrator mode.