



North Delta Minor Hockey Association

Coaching Application

PLEASE PRINT

Name: _____
(Given name) (Middle) (Surname)

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Cell: _____ Other: _____

Email Address: _____

Birth Date: _____ Place of Birth: _____

Employer: _____ Occupation: _____

Employers Phone: _____ Address: _____

Coaching Assignment Requested – (Please indicate your 1st and 2nd choices)

	A1	A2	C
U6	n/a	n/a	
U7	n/a	n/a	
U8	n/a	n/a	
U9	n/a	n/a	
U11			
U13			
U15			
U18			
U21			

Certification / Training

	Year completed	Location
ONLINE COACH 1/2		
COACH – 1		
COACH – 2		
CHECKING – 1		
DEVELOPMENT – 1		
RESPECT IN SPORT		
CRIMINAL RECORD CHECK		

Hockey Canada Registry (HCR) ID # (If Known): _____

Other Coaching Courses or Training

Hockey Coaching Experience

(List in order, starting with the most recent)

Year	Association and Team Name	Age Group	Position
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Other Sports

(List in order, starting with the most recent)

Year	Association	Sport	Position
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Playing Experience

(List in order, starting with the most recent)

Year	Association Name	Team Name	Age
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Briefly describe your Coaching Philosophy

Do you have a child registered with North Delta Minor Hockey Association? Yes: _____ No: _____

If a Coaching Position were not available in the age group of your choice, would you be willing to coach in another division or help out with skill clinics? Yes: _____ No: _____
(If Yes, which division?) _____

Do you feel your child will make the team for which you are applying? (applies to A level only): Yes: _____ No: _____

In what portion of the team do you feel your child will rate? Upper _____ Middle _____ Lower _____

Will you coach the team if an independent committee does not assess your child to make the team? (applies to A level only) Yes: _____ No: _____

Are you certified for the level for which you are applying? Yes: _____ No: _____
(Required coach certifications can be reviewed at <https://www.bchockey.net/Content.aspx?id=284>)

If you are not certified at the required level, are you available to take a weekend course to attain the required level? Yes: _____ No: _____

Coaching References

Name: _____

Address: _____

Phone: _____

Association and Position _____

Name: _____

Address: _____

Phone: _____

Association and Position _____

Name: _____

Address: _____

Phone: _____

Association and Position _____

Undertaking

1. I hereby consent to disclosure of the above information.
2. I hereby acknowledge the authority of the CHA, BCAHA, PCAHA, and North Delta Minor Hockey Association and agree to carry out and abide by their constitution, bylaws, rules and regulations.
3. I hereby acknowledge that I have read and understand the coach's role as outlined in the Coaches Code of Conduct" attached to the forming part of this Coaching Application form.
4. 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.
5. By way of this application, I give permission to North Delta Minor Hockey Association to pursue a criminal record search on myself.

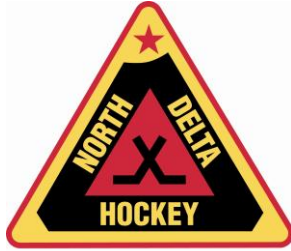
Signature: _____ Date: _____

Please submit your application:

By email: A Level – VP1@ndhockey.com & CC@ndhockey.com
 C Level – VP2@ndhockey.com & CC@ndhockey.com

By mail: NDMHA Sungod Hockey Office
 102 – 7815 112th Street
 Delta, BC V4C 4V9

NOTE: Please also attach copies of your Coaching Certifications and a signed copy of the Team Officials Contract



Team Official's Contract

It is the intention of this Contract to promote fair play and respect for all participants within the 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 players to play fair and to respect the Rules, Officials, Opponents and Teammates.

I will ensure all players receive equal instruction, discipline, support and appropriate fair play time.

I will not ridicule or yell at my players 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 players' ages and ability.

I will remember players 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 the Canadian Hockey Association and supported by North Delta Minor Hockey Association.

I also agree to abide by the Rules, Regulations and Decisions as set by North Delta Minor Hockey Association.

Print
Name: _____ Date: _____

Signature: _____