



# EDMONTON MINOR HOCKEY ASSOCIATION TEAM OFFICIAL APPLICATION FORM

(PLEASE COMPLETE IN FULL)



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DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SEASON \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AHC# \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE – OTHER: \_\_\_\_\_ EMHA# \_\_\_\_\_

CELL: \_\_\_\_\_ FAX: \_\_\_\_\_ CHA# \_\_\_\_\_

E-MAIL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### THE LAST THREE YEARS I WAS AN OFFICIAL FOR THE FOLLOWING TEAMS:

|            |                |                     |
|------------|----------------|---------------------|
| YEAR _____ | DIVISION _____ | DISTRICT/CLUB _____ |
| YEAR _____ | DIVISION _____ | DISTRICT/CLUB _____ |
| YEAR _____ | DIVISION _____ | DISTRICT/CLUB _____ |

### CANADIAN HOCKEY ASSOCIATION COACH CERTIFICATION

PLEASE CHECK APPROPRIATE BOX AND INSERT THE DATE COMPLETED

|   |             |                                      |
|---|-------------|--------------------------------------|
| <input type="checkbox"/> IP – Initiation Program  | Date: _____ | Certification # _____                |
| <input type="checkbox"/> C – Coach  | Date: _____ | Certification # _____                |
| <input type="checkbox"/> I – Intermediate   | Date: _____ | Certification # _____                |
| <input type="checkbox"/> A/H – Abuse & Harassment   | Date: _____ | Certification # _____                |
| <input type="checkbox"/> A1 – Advanced  | Date: _____ | Certification # _____                |
| <input type="checkbox"/> A2 – Advanced  | Date: _____ | Certification # _____                |
| <input type="checkbox"/> CHSP – former Trainer’s Clinic   | Date: _____ | Certification # _____ Expires: _____ |
| <input type="checkbox"/> Other – 1 <sup>st</sup> Aid, CPR, Checking Clinics, Goalie Clinics, Taping & Strapping, etc. | Date: _____ | Certification # _____                |

POSITION APPLYING FOR: \_\_\_\_\_ DIVISION: \_\_\_\_\_ TIER: \_\_\_\_\_

ARE YOU WILLING TO ACCEPT A DIFFERENT POSITION THAN THE ONE APPLIED FOR? \_\_\_\_\_

DO YOU HAVE YOUR OWN COACHING STAFF? ATTACH A SEPARATE SHEET IF NECESSARY \_\_\_\_\_

WHAT IS YOUR COACHING STYLE? ATTACH A SEPARATE SHEET IF NECESSARY \_\_\_\_\_

NOTEWORTHY ACHIEVEMENTS: \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED? \_\_\_\_\_ DATE: \_\_\_\_\_ LENGTH: \_\_\_\_\_

NAME OF SUSPENDING ORGANIZATION: \_\_\_\_\_

REASON: \_\_\_\_\_

ARE YOU WILLING TO SUBMIT TO A POLICE CHECK?  YES  NO

IF NO, WHY? \_\_\_\_\_

4 COACHING STAFF PLUS MANAGER & TRAINER  COACH  ASSISTANT

1 = 1<sup>ST</sup> PREFERENCE; 2 = 2<sup>ND</sup> PREFERENCE  PRENOVICE  NOVICE  ATOM  PEEWEE  BANTAM