

**NANAIMO MINOR HOCKEY ASSOCIATION
RECREATIONAL COACHING APPLICATION FORM
coach or assistant coach – circle one**

Name: _____

Address: _____

Telephone: (h) _____ (c) _____

DOB: _____ email: _____

PART 1 - Preferred Coaching Assignment (please check)

U6 __ U7 __ U8 __ U9 __ U11 __ U13 __ U15 __ U18 __ U21 __

Female _____ add level

PART 2 - Coaching Certification/Training **Year Completed**

Coach Level _____

**Respect in Sport (Team Staff) _____

**Concussion Awareness _____

****Criminal Record Check – please complete yearly**

Please note the above certifications ** must be completed before stepping on the ice. Please check with the office if you require confirmation of completion. Coach level – online portion must be registered for and started. www.bchockey.net/clinics/Clinics.aspx

Last team coached:

Year	Association and Team Name	Age Group	Coaching Position
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PART 3 – Coaching References

1. Name: _____ Position: _____ Phone: _____

2. Name: _____ Position: _____ Phone: _____