

Mitchell Minor Hockey Association Coach Application Form

PLEASE PRINT

Name:						
Address:			Cit	y:		
Postal Code:	Phone: _					
Work:	Cell: _				_	
Email:		Birth	Date	(mm/dd/yy):	/	/
Employer:	Occupatio	on:				
Employers Phone:						
Are you the parent of a Mustangs player?	Yes⊡ or	No				
If yes, are you hoping to coach your child?	Yes⊡ or	No				
Please provide your child's name and expec	cted level:			_		
Coaching Assignment Requested – (Plea	se indicate y	our 1st an	d 2nd c	hoices)		

Division	Age	Level	Selection(s)
U9	7/8 (players born 2015/2014)	A, B, C	
U11	9/10 (players born 2013/2012)	A, B, C	
U13	11/12 (players born 2011/2010)	A, B, C	
U15	13/14 (players born 2009/2008)	A, B, C	
U18	15/16/17 (players born 2007/2006/2005)	A, B, C	

Certification / Training

Coaching Level	Year Completed		
Initiation			
Coach			
Intermediate			
Speak Out			
Safety			

Other Coaching Courses or Training:					
	ching Experience				
	tarting with the most re	ecent) Association	Toom Name	A == Croup	
Year	Position	Association	Team Name	Age Group	
		_			
Other Sports	<u>. </u>				
Year	Position	Association	Sport/Team	Age Group	
		T		Τ	
	I				
3riefly Desc	cribe Your Coach	ing Philosophy:			

HOCKEY MANITOBA PRIVACY STATEMENT

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Canada, it's Board of Directors, its Branches and/or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches and/or divisions.

The information above is collected for all registered participants and is required by Hockey Manitoba (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. Hockey Manitoba treats this information with the utmost respect and in accordance with the Hockey Manitoba Privacy Policy at all times. For further information on Hockey Manitoba's Privacy Policy, please visit our website at www.hockeymanitoba.mb.ca.

Hockey Manitoba uses your personal information as indicated above and outlined in our privacy policy, however we may from time to time distribute information regarding additional services and promotions that may benefit you on behalf of third parties or partners of Hockey Manitoba. This type of usage of your personal information by Hockey Manitoba is entirely at your discretion.

Yes or No Signature: _____ Date: _____

Please submit your application via email to: president@mustangshockey.ca

Please indicate your preference by checking the box here.

NOTE: Please attach copies of your Coaching Certification