

Kent Minor Hockey Association

Travel Coach Application

2026-2027



PERSONAL INFORMATION

Name:

NCCP #:

Address:

Cell Number:

Email:

COACHING CERTIFICATION

NCCP Coach Level:

Respect in Sport – Activity Leader (RIS) program?	Yes	No
Gender Identity Training	Yes	No
Police Record (Vulnerable Sector) Check	Yes	No
		Year _____

For the safety of all participants, I must obtain a Vulnerable Sector Check from the Chatham-Kent Police Department and will provide a documented copy of Vulnerable Sector Check as part of my application.

TEAM APPLICATION

Please select your team of interest:

Category

Division

Do you have a child trying out for the team you are applying for:	Yes	No
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What are the key development points you expect to focus on with this team and why?

COACH HISTORY

Position on Coaching Staff

Last Year of Coaching Staff Experience

Division

Level

What are the 3 keys to success for a coach of a Representative hockey team?

What are your strengths as a coach?

What areas do you need to improve upon as a coach?

PRACTICE PLAN

Please include a copy of a 60min practice plan that would be age appropriate for the team you are applying for.

REFERENCES

Name	Cell Phone	Email Address
1		
2		

Note: If you have never coached a Representative team with KMHA please provide reference information

TERMS AND CONDITIONS

I understand that completing and submitting this Application does not ultimately guarantee me a coaching position with the Kent Minor Hockey Association.

I agree to abide by all KMHA Manual of Operations, Constitution and Rules and Regulations as well as those of OMHA.

I understand and agree that the Head Coach bears the ultimate responsibility for all team staff and player/parent conduct. All members of a coaching staff (head coach, assistant, trainer, and manager) must ultimately be approved by the KMHA Executive.

I will attend all coaches meetings throughout the season and will provide seasonal and practice plans, team budgets and other material as requested by Kent Minor Hockey Association

I authorize the KMHA to collect personal information appropriate to the position applied and verify the references for KMHA internal use only.

I agree to the terms and conditions stated above

Signature: _____ Date: _____