KENT MINOR HOCKEY



Kent Minor Hockey Association Coach Application House League Selects 2024/2025



Name:		D.O.B:
Address:		
City:	Province:	Postal Code:
Cell Phone:	Email:	

			COACHING C	ERTIFICATION
Current NCCP Coach Level:	Development 1	Certified	Trained	
	Coach 2-Coach Level	Coach 1-I	ntroduction	
Have you completed the Speak Out! (PRS) or Respect in Sport – Activity Leader (RIS) program?		Yes	No	
Have you completed the Gender Identity program?		Yes	No	
Do you have a Trainers Cer	tification?		Yes	No
Have you completed a Polic	ce Check in the last 3 yea	ars?	Yes	No

		COACHING EXPERIENCE
Please provide details of pre	vious coaching positions.	
Year:	Team:	
Position:		
Remarks:		
Year:	Team:	
Position:		
Remarks:		

				ΤΕΑΜ Α	PPLICATION
I wish to apply to Coach the following team (note order of preference):					
Division	House League	Local League	Division	House League	Local League
U9			U15		
U11					
U13					
Are you interested in applying for Head Coach		Assistant Coach			
Do you have a child playing for the team you are applying for:		Yes	No		
Would you be willing to coach a team for which you did not apply?		Yes	No		
If so, please indication	ate which team(s	5):			



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REFERENCES Name Home Phone Email Address Image: Im

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

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

(USE ADDITIONAL PAGES IF NECESSARY) COACHING PHILOSOPHY

1. Describe your coaching philosophy for the team you applied for.

2. What are your team's goals and objectives for the season?

3. How would you manage players with disrespect to coaches or fellow team members?

4. How would you manage parental issues and concerns (i.e. ice time, discpline?

	GENERA	L INF	ORMATION
Are you familiar with the KMHA Constitution, Bylaws and Policies?		Yes	No
Are you familiar with KMHA Abuse and Harassment Policy?		Yes	No

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TERMS AND CONDITIONS

I/we agree to abide by all KMHA Manual of Operations, Constitution and Rules and Regulations as well as those of OMHA. I/we understand and agree that the Head Coach bears the ultimate responsibility for all team staff conduct or lack of performance of their duties. It is also understood that all signing parties are subject to discipline or suspension at the discretion of the KMHA's Executive

I/we agree to have a police criminal check completed within 7 days of notification being appointed as team staff.

I/we agree to all terms and conditions.

I agree to the terms and conditions stated above

Signature:

Date:

Thank you for your interest in Coaching and supporting Kent Minor Hockey Association

Please submit Coaching Application to:

Cayle Sparks TRAVEL DIRECTOR traveldirector@kentminorhockey.com

All applications will be reviewed and on the recommendation of the Kent Minor Hockey Executive. Coaching interviews will take place in early October 2024.

The success of the KMHA is attributed to its many dedicated volunteers.

The Association appreciates your consideration in applying to be a Coach with Kent Minor Hockey.

Coaches may be asked to submit a copy of a 60 minute practice plan for review.