



ONTARIO REP HOCKEY LEAGUE
COACHING APPLICATION - HEAD COACH

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Participant's Date of Birth (yyyy/mm/dd): _____ / _____ / _____

E-mail: _____

Team applying for: [] NOVICE [] ATOM [] PEEWEE [] BANTAM [] MIDGET

If this position is not available, would you be interested in coaching another level?

[] Yes [] No If Yes, please identify what division/level _____

Do you have a son or daughter presently on the team you're applying for?: [] Yes [] No

If Yes, please list their name _____

If your son/daughter was not on the team you're applying for, at what level did they last play? _____

EXPERIENCE: List in order, starting with the most recent.

Table with 3 columns: Season, Team / Organization / Level, Role. Includes horizontal lines for data entry.

HOCKEY CERTIFICATION: Please identify your certifications.

Coach: _____ Please indicate date attained

Speak out: _____ Trainer: _____

Other: _____ Police Record Check date submitted: _____

COACHING ASPIRATIONS

Short Term Goals: _____

Long Term Goals: _____

Coaching Philosophy: (Describe your coaching style - Not systems) _____

Briefly explain your planned system of play for each of the following:

Please be advised that the selection committee will not discriminate candidates based on the below.

Defensive Zone: _____

Neutral Zone: _____

Offensive Zone: _____

List 3 Coaching skill areas that you consider your strengths: _____

List 3 Coaching skill areas that you wish to improve on: _____

Why do you want to coach this team?: _____

LIST PROPOSED COACHING/SUPPORT STAFF

	Name	Tel #	Email
Trainer:	_____	_____	_____
Manager:	_____	_____	_____
Assistant Coach:	_____	_____	_____
Assistant Coach / Trainer:	_____	_____	_____

Please provide the names and contact information of three references: (Player, Professional, Parent)

Should I be selected, I, the undersigned, have read and agree to abide by the CIHF By-laws and Code of Conduct. I support the CIHF's philosophy of player development and will promote the playing of hockey at the highest level. I will accept full responsibility for my actions while as a Team Official of the Ontario Rep Hockey League.

Signature: _____ **Date:** _____