

CAMPBELL RIVER MINOR HOCKEY ASSOCIATION
225 S. Dogwood Street,
Campbell River, BC
V9W 8C8

Dear Tyee Representative Head Coach Applicant,

Coaching Requirements: Age 19+; have good communication skills; be reliable, organized and dedicated; have hockey experience (coaching and/or playing); complete RCMP Criminal Record Check; must have or complete applicable Coach Clinic(s) and Respect-In-Sport; must participate in the Tyee Coach Committee.

Coach stipends will be offered for non-parent coaches and will be negotiable, depending on coaching experience, commitment level required and our budget.

Please read before submitting application:

Tyee Vision: *“Learning the skills and having fun”*. To be an inclusive, positive, development driven program.

- The first aim of minor sports is the personal and character development of each individual participant and that winning is a secondary achievement;
- Each participant in my charge will be given opportunity and consideration in all situations and contests;
- Actions of all coaches during any contest shall be that of honorable conduct and shall exemplify good example.
- I am aware of and agree that any behavior on my part that would be contrary to the above aims would forfeit my coaching privileges.

Thank you for applying for a Tyee Head Coach position. Please complete and sign the application form. Please ensure your application is completed and submitted electronically by to info@crmha.ca by the deadline

If you have any questions, please do not hesitate to contact me.

Clayton Scheibel
CRMHA Representative and Development Coordinator
(250) 203-8996

CRMHA REPRESENTATIVE HEAD COACH APPLICATION FORM

Name _____
(Given Name) (Middle Name) (Surname)

Please Circle: ***NON PARENT COACH*** ***PARENT COACH***

Date of Birth: _____

Phone Number(s): (H) _____ (C) _____

Mailing Address: _____

Preferred Coaching Assignment: **A Team** **B Team**

U11 Tyees	_____	_____
U13 Tyees	_____	_____
U15 Tyees	_____	_____
U18 Tyees	_____	_____

Certification/Training - NCCP (National Coaching Certification Program)
(Year Completed)

Initiation Program	_____
Coach Stream (Coach 1 & 2)	_____
Development 1	_____
High Performance 1	_____
Other (hockey)	_____
Other (hockey)	_____

Other Coaching Courses or Training Activities – (Please list)

Coaching Experience

List chronologically starting with most recent

HOCKEY

<u>Year</u>	<u>Association & Team Name</u>	<u>Age Group</u>	<u>Position</u>

Other Sports

<u>Year</u>	<u>Sport</u>	<u>Association</u>	<u>Age Group</u>	<u>Position</u>

Playing Experience – *List chronologically starting with most recent*

<u>Years</u>	<u>Team</u>	<u>Competition Level</u>	<u>Position(s) played</u>

Coaching References

Name_____Address_____

Position_____Phone_____

Name_____Address_____

Position_____Phone_____

Undertakings

1. I hereby consent to the disclosure of the above information
2. I hereby acknowledge the authority of Hockey Canada, BCAHA, the District and local Minor Hockey Association and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
3. I hereby acknowledge that I have read and understand the coach's role outlined in the CRMHA Policy & Procedures Manual under Coaches "Code of Conduct".
4. I hereby agree to familiarize myself with Hockey Canada's National Coach Certification Program (NCCP) requirements for coaching minor hockey and ensure that I maintain the required level of certification.
5. By way of this application, I give permission to Campbell River Minor Hockey Association to pursue a criminal record search on myself.

Signature _____ Date _____