

Parry Sound Hockey Club Inc.

BOX.13 · PARRY SOUND, ONTARIO · P2A 2X2

"Bringing Hockey to the Youth of Parry Sound"

Tyke

Novice

Atom

Peewee

Bantam

Midget

Juvenile

2016 – 2017 COACHING APPLICATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE: (WORK) _____ HOME: _____

PHONE: (ALTERNATIVE) _____

FAX: _____

EMAIL: _____

TEAM SELECTION (Please select)

FIRST CHOICE:

- Initiation Program** – Under 8 years as of Dec 31
- Novice** – Under 9 years as of Dec 31
- Atom** – Under 11 years as of Dec 31
- Peewee** – Under 13 years of age as of Dec 31
- Bantam** – Under 15 years as of Dec 31
- Bantam AE** – Under 15 years of Dec 31**
- Midget** – Under 18 years as of Dec 31
- Minor Midget** – Under 17 years as of Dec 31

SECOND CHOICE:

- Initiation Program** – Under 8 years as of Dec 31
- Novice** – Under 9 years as of Dec 31
- Atom** – Under 11 years as of Dec 31
- Peewee** – Under 13 years of age as of Dec 31
- Bantam** – Under 15 years as of Dec 31
- Bantam AE** – Under 15 years of Dec 31**
- Midget** – Under 18 years as of Dec 31
- Minor Midget** – Under 17 years as of Dec 31

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COACHING RESUME

PAST TEAMS:

TEAM/ASSOCIATION	CATEGORY (HL, AE, RP)	POSITION	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHAT ARE YOUR OBJECTIVES AND GOALS? BOTH FOR TEAM SUCCESS AND COACH/PLAYER DEVELOPMENT.

WHAT IS YOUR COACHING PHILOSOPHY (Eg. Skills vs. Strategy) ?

PLEASE LIST NAMES OF INDIVIDUALS YOU INTEND TO APPOINT TO STAFF POSITIONS, THEY WILL BE REVIEWED PRIOR TO ACCEPTANCE BY THE EXECUTIVE

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever received discipline or been suspended as a coach, trainer, manager, and or parent by the OMHA, a local minor sport organization or PSMHC? If yes, Please be prepared to discuss at the interview

Please select YES NO

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NCCP CERTIFICATION

COACH:

LEVEL # _____ YEAR ATTAINED: _____ LOCATION: _____

INTERMEDIATE # _____ YEAR ATTAINED: _____ LOCATION: _____

ADVANCED # _____ YEAR ATTAINED: _____ LOCATION: _____

TRAINERS # _____ YEAR ATTAINED: _____ LOCATION: _____

PRS # _____ YEAR ATTAINED: _____ LOCATION: _____

REFERENCES

- ✓ Applicant must bring two (2) signed hockey related references to his/her interview.

PRACTICE PLAN: Each candidate will be responsible to prepare a 50 minute practice plan which would demonstrate and average practice for the respective age group, as well as listed seasonal objectives and milestones for the team they are applying for.

NOTES

1. Interviews will be conducted between April 4th and April 8th, 2016.
2. The coaching decisions are final and will be announced at the AGM held on April 13th, 2016.
3. All applications must be **mailed** to the Parry Sound Hockey Club or emailed to the Secretary at lisai@parrysoundhockeyclub.com and any application hand delivered to an Executive Member will **NOT** be accepted.
4. Applicants will be notified by email or phone of the receipt of their application.

I, the applicant, hereby agree that I will conduct my duties as a Head Coach with Parry Sound Minor Hockey Association in accordance with the policies, regulations and procedures as laid out by Hockey Canada, Ontario Hockey Federation, Ontario Minor Hockey Association, Muskoka/Parry Sound Minor Hockey League and Parry Sound Hockey Club.

I, the applicant, hereby warrant that I will disclose all relevant personal information as required by the Association, Director of Risk Management.

Applicant Signature and Date

Please mail application to Parry Sound Hockey Club, Box 13, Parry Sound, ON, P2A 2X2 or e-mail to the secretary lisai@parrysoundhockeyclub.com by March 31st, 2016.