



Junior Coaching Application

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All junior coach applicants will be considered based on **Hockey Canada Registry**. The final selection is at the discretion of the Board of Directors, **MPMHA**.

SECTION 1: TO BE COMPLETED BY ALL APPLICANTS

NAME _____

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

E-MAIL ADDRESS: _____

Please indicate the position requested:

- | | |
|---|---|
| <input type="checkbox"/> COACH | <input type="checkbox"/> ALL-STAR MANAGER |
| <input type="checkbox"/> ASSISTANT COACH | <input type="checkbox"/> HOUSE LEAGUE MANAGER |
| <input type="checkbox"/> HOUSE LEAGUE COORDINATOR | <input type="checkbox"/> JR. COACH PROGRAM (COMPLETE Section 2) |

Please indicate the League requested:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> HOUSE LEAGUE | <input type="checkbox"/> ALL-STAR |
|---------------------------------------|-----------------------------------|



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Please indicate the Division requested:

- | | |
|---|--|
| <input type="checkbox"/> NOVICE INITIATION (4-6yr olds) | <input type="checkbox"/> MIDGET (15-17yr olds) |
| <input type="checkbox"/> NOVICE HOCKEY (7-8yr olds) | <input type="checkbox"/> FEMALE (u-12) |
| <input type="checkbox"/> ATOM (9-10yr olds) | <input type="checkbox"/> FEMALE (u-15) |
| <input type="checkbox"/> PEE WEE (11-12yr olds) | <input type="checkbox"/> FEMALE (u-20) |
| <input type="checkbox"/> BANTAM (13-14yr olds) | |

HOCKEY CANADA COACHING LEVELS (Please check any you have completed)

- | | |
|--|--|
| <input type="checkbox"/> RIS Coach Speak-out | <input type="checkbox"/> HU Coach 1 Intro-Coaching (IP) |
| <input type="checkbox"/> HU Coach 2 Stream | <input type="checkbox"/> Coach Development 1 |
| <input type="checkbox"/> Coach - HP1 | <input type="checkbox"/> Hockey Canada Safety Program (HCSP) |

Other coaching Experience:

MPMHA COACH DEVELOPMENT AGREEMENT:

As an approved MPMHA Junior Coach, I agree to attend the necessary clinics to ensure I meet the requirements to serve as junior coach for MPMHA. This will include coach speciality clinics as provided by MPMHA Technical Staff.

I understand that MPMHA reserves the right to remove any junior coach that does not comply with this requirement.

Name: _____ Date: _____



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Section 2: FOR JUNIOR COACHING PROGRAM ONLY

Please be advised there are a maximum of 35 participants accepted for this program. Applicants will be considered based on relevant experience. The final selection is at the discretion of the Board of Directors, Mount Pearl Minor Hockey Association.

Coaching History for Junior Coach Program:

Year	Division (i.e. Novice IP, Novice House)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Coaching Reference

Please provide the name of the head coach in the division you were assigned to last year.

Name: _____ Division: _____

MPMHA Form #020

MPMHA Junior Coach Program, Revised September 2016.