



**MCKNIGHT HOCKEY ASSOCIATION COACH APPLICATION
2011 / 2012 SEASON**

NAME: _____
PHONE NUMBER: _____
ALTERNATIVE PHONE NUMBER: _____
EMAIL: _____

CHILDREN IN MCKNIGHT HOCKEY ASSOCIATION

Name	Birth Date	Category	With McKnight in 2010 / 2011 Season
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

POSITION SOUGHT

Head Coach: _____ Assistant Coach: _____ Head or Assistant: _____ Goalie Coach only: _____

Level: Initiation Novice Atom Pee Wee Bantam Midget Junior

HOCKEY CERTIFICATIONS

Speak Out: Yes No Date Taken: _____ Card available: Yes No
Initiation: Yes No Date Taken: _____ Card available: Yes No
Safety: Yes No Date Taken: _____ Card available: Yes No
Checking: Yes No Date Taken: _____ Card available: Yes No
Coach Level: Yes No Date Taken: _____ Card available: Yes No
Other: Yes No Particulars: _____ Card available: Yes No

Note: Certifications are not pre-requisites but are a factor in coach selection. Selected coaches (including assistants) will be expected to obtain appropriate certifications as required for the category applicable to the position.

EXPERIENCE

Year	Association	Level	Division	Head or Assistant	Reference from season (other coach or parent)

Briefly set out other coaching experience or experience that might assist you in being a coach (hockey or non – hockey related): _____



OTHER CERTIFICATIONS

First Aid:

Other Sports:

Other Relevant Certifications:

COACHING PHILOSOPHY

Briefly describe your coaching philosophy: _____

SECURITY CLEARANCE RECORD

I provided a security clearance record for McKnight Hockey Association last season:

Yes No

- If yes, I permit the McKnight Hockey Association to utilize my previous security clearance records with respect to my application, selection, and coaching activities for the 2011-2012 Hockey Season: Yes No
- If no, I acknowledge that a Security Clearance Record is a condition of coaching with the McKnight Hockey Association should I be selected: Yes No

ACKNOWLEDGMENTS

I acknowledge the change to Hockey Calgary's rules requiring coaches to wear helmets while in any on ice coaching activities. If I am selected for a coaching position in the association I will abide by that requirement and acknowledge that if I am in breach of that requirement I will be subject to any and all applicable penalties or sanctions.

Acknowledged: Yes No

I acknowledge that my personal information may be utilized by McKnight Hockey Association in the selection of coaches and throughout the season should I be selected to coach: Yes No

I acknowledge that there is a mandatory Coach Meeting and I will make every effort to attend should I be given a coaching position:

Yes No

Signature of applicant: _____ Date: _____

Please use additional pages should you wish to provide any additional information to the Coach Selection Committee.

Provide applications to Graham Terryberry mcknightcoach@gmail.com by Monday the 5th of September for applications for Initiation, Novice, Atom and Pee Wee and Friday the 9th of September for Applications for Bantam, Midget and Junior.

Revised: July 21, 2011