



# St. Albert Minor Hockey Coaching Application

Name:			
Address			Postal Code
Home Phone	Cell Phone	Work Phone	
Email	Date of Birth (dd-mmm-yy)		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		

**Division you would like to coach:**

Initiation 1		Initiation 2	
Novice		Atom	
Atom Rep		Peewee	
Peewee Rep		Bantam	
Midget		Junior	

**Certification/Training:**

	Year Completed	Location Completed
Intro to Coach/Initiation		
Coach		
Development 1		
Development 2		
High Performance 1		
High Performance 2		
Speak Out		
Checking Skills		
Safety		

**Hockey Coaching Experience:**

(List in order, starting with the most recent)

Year	Age Group	Association	Responsibility

**Coaching References:**

Name	Home Number	Cell Number	Position

**Briefly describe your coaching philosophy:**


**Briefly describe your season plan:**

Please indicate your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information.


**Sample Practice Plan (on a separate paper and attached to this application):**

Please prepare a sample practice that is age appropriate for the team you are applying for. If you are applying for teams in different age groups, prepare a sample plan for each of the age groups.

**Questions:**

Please check the appropriate response.

Do you have a child registered with SAMHA?  Yes  No

If a coaching position were not available in the age group of your choice, would you be willing to coach in another division?  Yes  No  
(if yes, which division? \_\_\_\_\_)

Do you feel your child will make the team for which you are applying?  Yes  No

In what portion of the team do you feel your child will rate?  Upper  Middle  Lower  
Will you coach the team if an independent committee does not assess your child to make the team?  Yes  No

Are you certified for the level for which you are applying?  Yes  No

If you are not certified at the required level, are you willing to take a course to attain the required level?  Yes  No

Have you submitted a Criminal Record Check to SAMHA in the last 3 years if so when? \_\_\_\_\_  Yes  No

Are you currently active as a volunteer with SAMHA?  Yes  No

If yes, in what capacity?  
\_\_\_\_\_

**Declaration:**

I hereby authorize the St. Albert Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to abide by the Constitutions, Bylaws, and Policies of the SAMHA, the AAHA, and the CAHA. **I agree to provide a clear volunteer criminal record check to SAMHA and I understand that I may be removed as a team official if the criminal record check is not satisfactorily completed and received in the office by November 15<sup>th</sup> of the current hockey season.** I also agree to take skill development programs and follow the mentorship model as laid out by SAMHA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

All applications should be submitted to the SAMHA office via email at [officeadmin@samha.ca](mailto:officeadmin@samha.ca)  
Or dropped off to the SAMHA office located at 66 Hebert Road in between the Akinsdale and Kinex arena  
Please ensure you check with the office to see if you have an up to date criminal records check. If not, you will need to have this done before submitting your application.

Stop by the office to pick up your CRC letter to take to the RCMP station.



## TEAM PERSONNEL ONLY

### ST. ALBERT MINOR HOCKEY ASSOCIATION PERSONAL INFORMATION PROTECTION ACT NOTICE AND CONSENT

\_\_\_\_\_  
TEAM PERSONNEL (**print name**)

\_\_\_\_\_  
BIRTH DATE

The Purpose of this notice and consent is to inform you of the use to which personal information, pictures and game information and game statistics will be made and to obtain your consent for such use.

1. The personal information is collected and maintained so as to properly coordinate and operate the St. Albert Minor Hockey program and is also provided to Hockey Alberta and Hockey Canada or any league the coach's or manager's team plays in, for registration, recording statistical information and insurance purposes.
2. Names, information, data, photos and comments may also be used in team or league newsletters, annual reports, St. Albert Minor Hockey Association and Hockey Alberta web sites, radio, newspaper and other hockey or local publications.
3. Individual and team photos may be taken and displayed in the local newspaper and in local arenas and the offices of St. Albert Minor Hockey Association and yearbooks and other reports and advertisements prepared by St. Albert Minor Hockey Association.
4. Name, telephone, e-mail and other information may be used for the purposes of team, league and for St. Albert Minor Hockey Association communication and transportation matters and services.
5. Names may be included on lists for the purposes of team placement and for tracking statistics by the team, leagues, St. Albert Minor Hockey Association, and Hockey Alberta and such statistics may be displayed on their websites.
- 6. This Consent shall remain in force for as long as you are a member of St. Albert Minor Hockey Association and need only be signed once.**

I hereby consent to the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date