



Dawson Creek Minor Hockey Association

P.O. Box 1032, Dawson Creek, BC V1G 4H9
www.dcmha.ca

COACH APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

Do you prefer working with a specific age group? Yes / No

If yes, please specify reasons and age group/team preferred:

Second choice: _____

Have you attended any NCCP Coaching Certification Clinics? Yes / No

If yes, what level do you currently hold? (check all that apply)

Coach Stream 1 Developmental 1 Developmental 2

High Performance 1 High Performance 2

Have you attended Speak Out? Yes / No

Coaching experience (please list previous teams, sports and years)

Playing experience: _____

First Aid Training: _____

References: _____

Would you be willing to consent to a criminal records check? Yes / No

Other comments/information/experience: _____

I agree to abide by the general objectives, philosophy and programs of the Dawson Creek Minor Hockey Association. I am aware that the first aim of Minor Hockey is the personal and character development of each individual participant and that winning is a secondary achievement. I am also aware that each participant in my charge will be given equal opportunity and consideration in all situations and contests. The actions of all coaches during any contest shall be that of gentlemanly conduct and shall exemplify good example. I am aware of and agree that any behaviour on my part that would be contrary to the above may forfeit my coaching privileges.

Signed: _____ Date: _____