



Brampton Canadettes Girls Hockey Association

House League Coach Application Form – 2020-2021

Please submit your application form via email to hl@bramptoncanadettes.com

POSITION APPLYING FOR

- Head Coach
 Assistant Coach
 Trainer
 Manager

APPLICANT INFORMATION – Complete all fields

Name:		Date of Birth:	
Address:		Home Phone:	
City/Postal Code:		Cell Phone:	
Email:			

TEAM APPLICATION – Choose which team you are applying for

1 st Choice of Team		2 nd Choice of Team	
<input type="checkbox"/>	Tyke	<input type="checkbox"/>	Tyke
<input type="checkbox"/>	Novice	<input type="checkbox"/>	Novice
<input type="checkbox"/>	Atom	<input type="checkbox"/>	Atom
<input type="checkbox"/>	Peewee	<input type="checkbox"/>	Peewee
<input type="checkbox"/>	Bantam	<input type="checkbox"/>	Bantam
<input type="checkbox"/>	Midget/Intermediate	<input type="checkbox"/>	Midget/Intermediate

DS Team Choice	
only check if interested in DS team	
<input type="checkbox"/>	Novice DS
<input type="checkbox"/>	Atom DS
<input type="checkbox"/>	Peewee DS
DS only offered if enough interest from players, not guaranteed	

Would you be willing to coach a team that you did not apply for? Yes No
 Do you have a daughter in Brampton Canadettes Girls Hockey Association? Yes No
 If Yes, please indicate birth year Child 1 _____ Child 2 _____ Child 3 _____

EXPERIENCE

Please provide details of prior coaching positions held. (list most recent first)

Season	Association	Division	Position
<i>Ex. 2017-2018</i>	<i>Brampton Canadettes Girls Hockey Association</i>	<i>Atom HL</i>	<i>Head Coach</i>



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QUALIFICATIONS

Coaches and Assistant Coaches:

Do you have a National Coaching Certification Program (NCCP) coaching certification? Yes No

If yes, what is your NCCP Certification Number: _____ Level: _____

Minimum level required for House League is Coach 2 Trained

Trainers:

Do you have a Hockey Trainers Certification Program (HTCP) certification? Yes No

If yes, what is your HTCP Certification Number: _____ Level 1 Level 2

All Coaches, Assistant Coaches, Trainers, and Managers:

Respect In Sport (Activity Leader) Number: _____

Agree to get a Police Background Check (VSS) or Enhanced Police Information Check: Yes No

DISCLAIMER AND SIGNATURE:

PLEASE READ CAREFULLY:

I agree to adhere to BCGHA and OWSA Hockey policies and accept that disciplinary action may be imposed for failing to follow policies. Disciplinary action may include dismissal.

I understand that if chosen I will be required to obtain all certifications needed for the position within the timeframe established by the BCGHA.

Submission of an application does NOT guarantee a position.

All successful applicants will be contacted via email provided above and will be required to attend a mandatory information session.

I certify that my answers are true and complete to the best of my knowledge.

** By Signing below, you agree to all the terms and conditions listed in the above application **

Name: _____

Signature: _____

Please return completed application by Monday, October 12th, 2020

Thank you for taking the time to apply with Brampton Canadettes Girls Hockey Association

FOR OFFICE USE ONLY		
BCGHA Initials:	Date Received:	Approved: