## SWZ Hockey Association Coach Application U15 and U18



This application is being submitted for consideration as a U15 or U18 coach (circle one)

Name:			
(Given Name)	(Middle)	(Surname)	
Address:		Postal Code	
Phone: Home:	Work:	Cell:	
Email Address:			
Certification / Training		Year Completed	
Coach Stream - Level 1 Intro to Coach Stream - Coach Level 2 *NCCP Development 1 Level - *NCCP Development 1 Level - *Checking Skills High Performance 1 Instructional Stream - Skating Instructional Stream - Develop Instructional Stream - Skills Instructional Stream - Goal Te Instructional Stream - Small All Hockey Canada Safety Program *denotes minimum training/ceriother Coaching Courses or 1	Trained - Certified  ing Defense Men  nding rea Games m  tification requirement f	for Head Coach Positions	

Hockey C	Coaching Experience (List in order, s	starting with the m	ost recent)	
Year	Association and Team Name	Age Group	Position	
	References			
Address:		Ph	one:	<del></del>
				<del></del>
Name:				
Address: <sub>-</sub>		Ph	one:	
Address: <sub>-</sub>		Ph	one:	<del></del>
Position: _				
Briefly de	escribe your Coaching Philosophy	(please use back	if more room needed	d)
Please inc	escribe your Season Plan (please us clude your goals for the team, your the ent philosophy as well as any other p	oughts on rules ar	nd discipline and ove	rall player
qualification	n: uthorize SWZ Hockey Club to conduct as and character in order to meet their coa stitutions, Bylaws, and Policies of the Hock	ching requirements.	Should I be selected, I	further agree to abic
l hereby c	onsent to the above:			
Signature		Date		