AVALANCHE MINOR SPORTS APPLICATION FORM – 2019-2020 SEASON

First Name:							
Surname:							_
Address:							
Phone: Home:		Work:			_Cell:		
Email Address:							
Date of Birth:							_
Employer:			Occupation:				
Employers Address: _	Phone:					_	
	PR	REFERRED CO	OACHING ASSIC	GNMI	ENTS		
First Choice: "A"							
First Division:			Second Divisi	on:			_
	LIS	ST YOUR COA	ACHING CERTIF	FICAT	TIONS		
Training *NCCP (Nat	tional Coa	ching Certification	n Program)				
Year Completed:				-			
NCCP Theory 1				_			
Year Completed:							
NCCP Theory 2							
Year Completed:				_			
Initiation Program							
Current Coach Level:							

More information can be found on this GTH	IL web site	http://www.gthlcanada.com/becoming-a-coach/		
LIST OTHER DEVELOP	MENT CERTI	FICATIONS YOU HAVE TAKEN		
Developmental 1	Trained	l: (or) Certified:		
Advanced Level 1 or 2	_HCSP	Speak Out		
Checking Clinic				
(Please Attach Copies of your Coaching Cert	tification)			
LIST OTHER CO	OACHING CO	DURSES OR TRAINING		
Hockey Coaching Experience	ence (List in o	rder, starting with the most recent)		
2018-19 Year				
Association				
Team Coached:		_ Division:		
Position Held On The team:				
2017-18 Year				
Team Coached:				
Position Held On The team:				
2106-17 Year				
Team Coached: Divi				
Position Held On The team:				

OTHER SPORTS INVOLVED				
DID YOU EVER PLAY HOCKEY RECREATIONAL OR COMPETETIVE – LIST THEM				
3 COACHING REFERENCES, can I contact them? Yes or NO				
:				
:Email:				
·				
:Email:				
;				
: Email:				
BRIEFLY DESCRIBE YOUR COACHING PHILOSOPHY				

Briefly describe your Season Plan, include your goals for the team, your thoughts on rules and discipline and overall player development philosophy as well as any other pertinent information you want to share
and overall player development philosophy as well as any other pertinent information you want to share
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Do you u have a child that wants to play on your team your applying for YES NO
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
If you are not certified at the required level, are you available to take an upgrading course to attain the required certifications levels as per GTHL requirements. YES NO
certifications reveis as per GTTL requirements. TES 170
Will you be a compensated Coach: YES NO
Amount asking for: (as required per GTHL requirement disclosure) AMSC is requesting a commitment as Head Coach for a minimum or 2 – years YES NO
Thirde is requesting a communent as treat couch for a minimum of 2 years
UNDERTAKING
 I hereby consent to disclosure of the above information TO AMSC APPLICATION COMMITTEE. I hereby acknowledge authority of Hockey Canada, Branch, District and Minor Hockey Association
agree to carry out and abide their constitutions, bylaws, rules and regulations, including AMSC/OHF/GTHL
3. I hereby acknowledge that I have read and understand the coach's role as outlined in the Coaches Code of Conduct" as posted on the AMSC operational Manual.
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements
for coaching minor hockey and ensure that I maintain the required level of certification.
5. By way of this application, I give permission to Avalanche Minor Sports to pursue a criminal record (VSS) search on myself and understand that I will be subjected to screening as designated by my position.
6. I hereby acknowledge that you will develop and train your hockey team to the best of your ability.
7. I hereby acknowledge any issues and team concerns will be identified ASAP to avoid possible discipline
Signature: Date:
Please remit your completed application to: or Scan completed copy to:
Tony Iantorno
tony.iantorno@bell.net
Avalanche Minor Sports Phone: 905-303-8558 Fax: 905-303-9978: Cell: 416-571-5445