# C:\Users\Zander\Documents\KGHA Hockey\logo_rangers.jpg 2022-23 Season http://oswh.goalline.ca/news_images/org_459/Image/h2jt8top.jpeg

# Coach Application

All fields on the application are to be filled.

#

|  |  |
| --- | --- |
| Date Completed |  |

|  |  |
| --- | --- |
| Name |   |
| Coach Certification Number (*mandatory*) |  |
| Telephone number |  |
| Email address |  |
| Home address |  |

# KGHA players associated with you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Players name** | **Birth year** | **Expected team for 2022-23****(age/category)** | **2021-22 team (age/category)** | **2020-21 team****(age/category)** |
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Add more rows to table as necessary.

# Coaching interests for 2022-23(if unsure, please indicate may apply)

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| --- | --- | --- | --- | --- |
| **Team and age level** **(include competitive or house)** | **Will apply** |  | **Head coach** | **Assistant coach** |
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Add more rows to table as necessary.

**Coach Certifications:** Please provide a copy of your coach certification with your application.

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| **Certificate/Course** | **Date of Training/Course** | **Year Certified (if applicable)** |
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Add more rows to table as necessary.

# Coach Experience – Hockey

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| **Role** | **Team level** | **Organization** | **Season** |
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Add more rows to table as necessary.

# Coach experience – other sports

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| **Role** | **Team level** | **Sport** | **Organization** | **Season** |
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Add more rows to table as necessary.

**Non-Coach Hockey Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Team level** | **Organization** | **Season** |
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# Other instruction experience

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| --- | --- | --- | --- |
| **Role** | **Recipient age/level** | **Organization** | **Years** |
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Add more rows to table as necessary.

# Organized hockey player experience

|  |  |  |
| --- | --- | --- |
| **Level of play** | **Association/league** | **Years** |
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Add more rows to table as necessary.

**COACHING ASPIRATIONS**

Short Term Goals:

Long Term Goals:

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List three coaching skill areas you consider to be your strengths:

1.

2.

3.

List three coaching skill areas you wish to improve:

1.

2.

3.

**other** (anything else you want us to have on record or makes you a better coach like other volunteer work, work with youth, special and relevant qualifications, professional accreditations, related employment, education and previous coaching awards and/or results)**:**

**General Information Guidelines**

***Please review the following information.***

1. Coaches are responsible to ensure the KGHA, ODWHA, OWHA and HOCKEY CANADA constitutions, by-laws, policies and guidance are understood and abided by.

2) All coaches are to abide by the KGHA coach dress code policy and are to ensure that their players abide by the player dress code. KGHA merchandise must be approved by the Association and can only be purchased from authorised dealers.

3) Coaches may be requested to meet with executive members throughout the season. Coaches are required to attend such meetings or other specified events and activities as directed by the executive.

4) All teams are required to participate in their respective KGHA Tournament. Also, all teams are required to participate in a tournament selected by the Association. Coaches can select the other appropriate tournaments for their teams.

5) All coaching applicants are requested to supply a copy of their NCCP certification with the application.

6) All players and team staff – assistant coaches, trainers, managers, on-ice help - must be approved by the Vice-President Competitive prior to being on the roster.

7) Managers and Coaches are responsible for managing their team personnel’s, players’ and parents’ conduct.

8) All Competitive teams will have a minimum of 15 skaters and 2 goalies unless approved otherwise by Competitive Committee.

9) All applications will be reviewed and references will be contacted. We thank all applicants for their interest, but only those selected for an interview will be contacted**.**

By submitting this application, I acknowledge that I have read and understood the information above and I agree to abide by the information guidelines and all KGHA policies.

Name: