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| CONTACT INFORMATION | | | | |
| **Name:** | | | | |
| **Address:** | | | | |
| **Home Phone: Bus Phone:** | | | | |
| **Email Address: Cell Phone:** | | | | |
| **TEAM SELECTION** | | | | |
| **1st Choice:** | | | | |
| **2nd Choice:** | | | | |
| **If your choices are not available, would you be willing to coach another team? \_\_\_\_Yes \_\_\_\_ No**  **Do you have a son/daughter at this age? \_\_\_\_Yes \_\_\_\_ No** | | | | |
| **COACHING/TRAINERS CERTIFICATION *(Please fill out all applicable areas)*** | | | | |
| **Coaches/Trainers** | **Yes or No** | **Year Attained** | **Expiry Date** | |
| **Criminal Record Check** |  |  |  | |
| **Coach Level 2** |  |  |  | |
| **Coach Development 1** |  |  |  | |
| **Coach Development 2** |  |  |  | |
| **High Performance (Advanced 1,2)** |  |  |  | |
| **Trainers - HTCP Level 1 or 2** |  |  |  | |
| **Speak Out or Respect in Sport** |  |  |  | |
| **PLEASE NOTE: All coaches/trainers must have or be prepared to take the appropriate clinics** | | | | |
| **EXPERIENCE: *Please list your past coaching experience*** | | | | |
| **Season: Association: Duties:** | | | | |
| **Season: Association: Duties:** | | | | |
| **Season: Association: Duties:** | | | | |
| **Please attach additional information reflecting your hockey background as a coach, hockey background as a player, outline your coaching philosophy and your season plan for the team you are applying for? Identify your strengths and weaknesses and goals/objectives for the team you are applying for?** | | | |

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| **REFERENCES: Please list three references – (2 Hockey related – coach/parent and 1 Non-Hockey)** | | | |
| **NAME** | **HOME #** | **BUS #** | **EMAIL** |
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| **I, the undersigned, acknowledge that I have never been charged or convicted in a criminal matter in or outside of Canada. I will accept any judgment of the AMHL/GMHA for my failure to abide by the Hockey Canada, OMHA and AMHL By-Laws/Manual of Operations and Code of Conduct, which may include suspension or removal from the Coach position. I acknowledge that I may be removed from any coaching position assigned by the AMHL/GMHA at any time at the sole discretion of the AMHL/GMHA. I agree to indemnify and hold harmless the AMHL/GMHA for my failure to abide by AMHL/GMHA, OMHA, and/or Hockey Canada guidelines. I support the AMHL’s philosophy of player development and will respect all players, team officials, on ice officials, parents, AMHL/GMHA Executive and will create a positive hockey atmosphere. I will accept full responsibility for my actions while acting as a team official within AMHL/GMHA. I understand that it is at the AMHL/GMHA’s sole discretion whether or not to proceed with the application process. I agree that the decisions of the Rep Coach Selection Committee are final and I hold the Committee, the AMHL/GMHA, and/or any other governing body harmless for the decision.**  **I agree that my application is not part of a "consortium". For purposes of this application, a "consortium" is defined as 2 or more individuals applying for the same team in order to monopolize the team and if one is successful, they appoint the other applicant(s) as part of their staff**.  **I understand that all information I have provided is to be considered true and I understand that submitting any false information may lead to the application becoming void or if my application is successful, it may result in immediate dismissal as a coach, referee, or volunteer within the AMHL/GMHA. I hereby indemnify and save harmless AMHL/GMHA, including all of its directors, organizers, volunteers, members, non-member players and affiliated associations, from and against any and all claims by any person or persons arising out of any act or neglect in respect of anything associated with any event that is in any way affiliated with the AMHL/GMHA. This includes but is not limited to any injuries sustained before, during and after any hockey event. This waiver of liability will include travel time, before and after any related hockey event and will again indemnify and save harmless the AMHL and these above named individuals, regardless of any negligence of the AMHL/GMHA. I hereby agree to the above conditions and agree not to bring any legal action against the AMHL/GMHA, it directors et al for any reason whatsoever.**  **I have read all of the above, and acknowledge such by acceptance.**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature Day Month Year** | | | |

* **Please submit application to the AMHL/GMHA no later than January 31st, 2019.**
* **All applicants will receive an interview.**
* **The Head Coach will be responsible for picking their team staff only after the final team selection is approved by the AMHL/GMHA. If the team staff is to include a Non Parent, the AMHL/GMHA should be notified as part of the Coach Application process.**
* **All team officials are required to provide a Criminal Background Check. All team officials are subject to approval by the Board of Directors.**
* **Please note that all teams must have a certified or trained Head Coach and Trainer on the bench**.
* **I understand that if my application is submitted as conditional that it may mean that my application will be null and void as decided upon solely by the AMHL/GMHA.**