CHEDOKE MINOR HOCKEY LEAGUE

91 Chedmac Drive
Hamilton, Ontario
L9C 7R5

Telephone:905-575-5185
Fax:905-575-2877
email:chedminhockey@mountaincable.net

Team Personnel Application

Applicants Name:_____

Home Address:_____

Postal Code:_____ Home Phone Number:_____

Date of Birth:_____ Application Date: _____

Email Address:_____

Position applying for (please circle): Assistant Coach Manager Trainer

Level (please circle): House League Select

Division (please circle): PreNovice Novice Atom Peewee Bantam
Minor Midget Midget

Total Years of Experience: _____

Last 3 Years: 1._____
2. _____
3. _____

Certification (attach certificate copies): Speak Out #:_____
Coaches #:_____
Trainers #:_____

Coaching Philosophy (attach an additional page if necessary):

_____
_____
_____

All team personnel must show a current police check by December 31st of the season you are applying for.

If you do not have a current coaching certificate, you must complete a minimum of a Speak Out course by December 31st of the season you are applying for.

The CMHL reserves the right to approve all team personnel and groups of personnel.

We will try to accommodate special requests but we may not always be able to. If you wish to coach your child and the surname is different than yours please let us know.

Special request:_____