BRAMPTON HOCKEY INC

8950 McLaughlin Road, Building "D", Brampton, Ontario L6Y 5T1 Telephone: 905-453-3243 Fax: 905-453-3421 www.bramptonhockey.com

RETURNING HEAD COACH APPLICATION FORM 2021-2022 SEASON

Recreational League

Before completing this form make sure to review the Coach Application Process document and Resolution 13 – Coach Selection.

Name: ______Cell Phone: _____

Email Address:_____Home Phone: _____

Team coached 20-21: _____

Players Year of Birth: League: REP MD REC

Head Coach Qualifications

Certification Level (Circle)	COACH 1		COACH 2	DEV 1
Respect in Sport (Speak Out) Certified (Circle one)		YES		NO
Gender Identity & Expression Course (Circle one)		YES		NO
List Specialty Clinics	1.			
	2.			

Team(s) Requested in order of preference (max 4)

In order please list up to 4 age groups/teams being applied for:

	Birth Year	Division
	i.e. 2011	i.e. U11 (Formerly Atom)
1.		
2.		
3.		
4.		

NOTE: All returning applicants must have a current Vulnerable Sector Check (VSC) on file with the BHI. If you are accepted to coach all members of your staff must agree to provide a VSC by the date(s) established. For a copy of our volunteer and member with criminal records policy visit our website.

Policy Acknowledgement

Each Coach Selection Committee requires that the Head Coach acknowledge responsibility and understanding of the following requirements:

Fair Play Code of Conduct requirement

Vulnerable Sector Check (VSC) requirement

On-ice helmet requirement for all staff and participants

Mouth guard requirements

Licensed Apparel Program

An understanding of all applicable resolutions for Team for which you have applied As Head Coach I hereby acknowledge that I understand the above requirements and all applicable BHI By-laws, Resolutions, Policies and Manual of Operation requirements and that I am responsible for ensuring compliance with the above. By signing this form, you agree that Brampton Hockey Inc. may contact you via email.

Signed: _____

Date: