



BRAMPTON HOCKEY INC.

8950 McLaughlin Road, Building "D", Brampton, ON L6Y 5T1

Tel: 905.453.3243 www.bramptonhockey.com

TEAM STAFF FORM – Recreational League

DIVISION/TEAM		BIRTH YEAR	
DATE SUBMITTED			

All staff members and on-ice personnel acknowledge, understand and accept all requirements and will ensure compliance with the following:

- *Fair Play Code of Conduct requirement*
- *Vulnerable Sector Check (VSC) requirement*
- *On-ice helmet requirement for all staff and participant's requirement*
- *Completing the appropriate certification for the positions / Gender ID*

1. HEAD COACH

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Player's Name	
E-mail address			

2. TRAINER

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Player's Name	
E-mail address			

**3. ASSISTANT COACH OR ASSISTANT TRAINER
(CIRCLE ONE)**

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Player's Name	
E-mail address			

4. TEAM REQUEST (pending availability)

1. _____ 2. _____ 3. _____