



MANAGERS, COACHES, TRAINERS APPLICATION FORM

All Coaches, Managers And Trainers Must Have Completed A **Speak Out Clinic** And Provide Their **Speak Out Registration No.** Before The Start Of The Season, You Also Must Have A Copy Of Valid Police Check Within The Past 2 Yrs.

Tournaments you will be working: **Pee-Wee Central Canada in February and the Tom-Thumb Atom in March.**
I have read and understand that we are required to work at both tournaments as well as **Bingos** as scheduled throughout the spring and summer. Signature: _____

Team Applying For:

12 AA _____ 11 AA _____ 10 AA _____ 9 AA _____ Bantam _____
Pee-Wee _____ Atom _____ Novice _____ IP _____ Midget _____

Indicate the title you are applying for: Please Print (If applying in a group, list names.)

Manager: Name _____ Phone # _____

Address _____ Signature _____

Have you attended an Initiation Program? Yes No

Have you attended a coaching clinic? Yes No

Have you completed a Coaching Level Program? Yes No

If yes indicate which level:
 Coach (1 & 2)
 Intermediate Coach (3 & 4)
 Advanced Coach (5 & 6)

(Include Photocopy of Certificate)

Have you received any first aid training? Yes No

Have you attended a Hockey Trainers Certification Program? Yes No

(Include Photocopy of Certificate)

Have you had a police check in the last 2 years ? Yes No

Head Coach: Name _____ Phone # _____

Address _____ Signature _____

Have you attended an Initiation Program? Yes No

Have you attended a coaching clinic? Yes No

Have you completed a Coaching Level Program? Yes No

If yes indicate which level:
 Coach (1 & 2)
 Intermediate Coach (3 & 4)
 Advanced Coach (5 & 6)

(Include Photocopy of Certificate)

Have you received any first aid training? Yes No

Have you attended a Hockey Trainers Certification Program? Yes No

(Include Photocopy of Certificate)

Have you had a police check in the last 2 years ? Yes No

Assistant Coach: Name _____ Phone # _____

Address _____

Signature _____

Have you attended an Initiation Program? Yes No

Have you attended a coaching clinic? Yes No

Have you completed a Coaching Level Program? Yes No

If yes indicate which level:

Coach (1 & 2)

Intermediate Coach (3 & 4)

Advanced Coach (5 & 6)

(Include Photocopy of Certificate)

Have you received any first aid training? Yes No

Have you attended a Hockey Trainers Certification Program? Yes No

(Include Photocopy of Certificate)

Have you had a police check in the last 2 years ? Yes No

Assistant Coach: Name _____ Phone # _____

Address _____

Signature _____

Have you attended an Initiation Program? Yes No

Have you attended a coaching clinic? Yes No

Have you completed a Coaching Level Program? Yes No

If yes indicate which level:

Coach (1 & 2)

Intermediate Coach (3 & 4)

Advanced Coach (5 & 6)

(Include Photocopy of Certificate)

Have you received any first aid training? Yes No

Have you attended a Hockey Trainers Certification Program? Yes No

(Include Photocopy of Certificate)

Have you had a police check in the last 2 years ? Yes No

Trainer: Name _____ Phone # _____

Address _____

Signature _____

Have you attended an Initiation Program? Yes No

Have you attended a coaching clinic? Yes No

Have you completed a Coaching Level Program? Yes No

If yes indicate which level:

Coach (1 & 2)

Intermediate Coach (3 & 4)

Advanced Coach (5 & 6)

(Include Photocopy of Certificate)

Have you received any first aid training? Yes No

Have you attended a Hockey Trainers Certification Program? Yes No

(Include Photocopy of Certificate)

Have you had a police check in the last 2 years ? Yes No



Please complete the following application and return it before the deadline.

Include **SPEAK OUT CLINIC** Registration No.s

Include Photocopy of coaching certificates

Include Photocopy of trainers certificates

If applying as a group be sure to have all coach's manager's , and trainer's signatures on application

Initiation Programs will have only 4 Coaches

If you have any Questions please contact me.

Please forward your application to :

Stephen Lawson
President Elks Hockey
2028 Rankin Street
Thunder Bay, Ontario
P7E 5Z7

Phone: 577-7070

Fax: 475-9660

DEADLINE FOR APPLICATIONS: *FRIDAY MAY 15th 2009*