



TMHA Representative Coach Application

2021– 2022 Season

Applicant Information:

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Team Selection:

1st Choice: _____

Do you have a child playing hockey at this level? Yes No

Name: _____ DOB: _____

Child's last level of play: _____

Position Played: Forward: Defense: Goalie:

In your assessment, is the child capable of playing at this level? Yes No
In what portion of the team do you feel your child will rate? Upper Middle Lower

2nd Choice: _____

Do you have a child playing hockey at this level? Yes No

Name: _____ DOB: _____

Child's last level of play: _____

Position Played: Forward: Defense: Goalie:

In your assessment, is the child capable of playing at this level? Yes No
In what portion of the team do you feel your child will rate? Upper Middle Lower

Certifications *(please include from the Hockey Manitoba database):*

Coach Level: _____

Year: _____

Respect in Sport/Speak out: Yes No

Year: _____

Initiation: Yes No

Year: _____

Safety: Yes No

Year: _____

Other Courses Attained:

Year: _____

Year: _____

Year: _____

Year: _____

Year: _____

What is the highest level of hockey that you have played? _____

Playing Experience *(start with most recent):*

Year

Association Name

Team Name

Age

Coaching Experience *(List in order, starting with most recent)*

Year	Association & Team Name	Age Group	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Philosophy *(Briefly describe your coaching philosophy):*

Describe your Season Plan and provide an example of a lesson plan for a practice. List how you would develop the team from the beginning of the season to the end. Include what aspects you would look for in overall player development.

Hockey Related References:

Name: _____ Phone: _____ Cell Phone: _____

Name: _____ Phone: _____ Cell Phone: _____

Name: _____ Phone: _____ Cell Phone: _____

Record Checks: All coaching positions require a Criminal Record Check and are good for 3 years. A current Child Abuse Check must also be completed once coaching selection has been completed.

Please attach the Criminal Record Check to the application, if not on file. If you do not have a Criminal Record Check, please visit our website at www.thompsonminorhockey.ca . Documents are located under the “Coaching Resources” tab. Original document is to be provided to TMHA.

Criminal Record Check on File with TMHA: Yes No

TMHA – Code of Conduct:

Have you read the TMHA Code of Conduct as it pertains to Coaches? Yes No

The Code of Conduct can be located on our website at www.thompsonminorhockey.ca under the “Information” tab, selecting “Constitutions & Policies” and “Code of Conduct”.

I acknowledge that I have read and understand the TMHA Code of Conduct. _____ (initial)

Signature confirms that all information provided as part of this application is true and accurate.

Applicant Signature

Date

Submit completed application and supporting documents to:

Greg Long - Vice-President/Technical
72 Hillside Crescent, Thompson MB R8N 0W1
glongtmha@gmail.com