

BELLEVILLE MINOR HOCKEY ASSOCIATION - Representative Team

TEAM OFFICIALS / SUPPORT STAFF: *Please list your proposed Coaching / Support Staff:*

TRAINER:	
ASSISTANT COACH:	

REFERENCES: *Please provide three (3) references - Professional, Parent, etc.*

NAME & POSITION	PHONE
1.	
2.	
3.	

SIGNATURE: _____

DATE: _____

COACHING AGREEMENTS

1. I hereby consent to the disclosure of the above information.
2. I hereby acknowledge the authority of Hockey Canada, OHF, OMHA, and the local Minor Hockey Association (BMHA) and agree to carry out and abide by their constitutions, bylaws, rules & regulations.
3. I hereby acknowledge that I have read and understand the coaches role outlined in the "Coaches' Code of Conduct".
4. I hereby agree to familiarize myself with the National Coaching Certification Program (NCCP) requirements for coaching in the OMHA and ensure that I maintain the required level of certification.
5. I understand that Player Development is a priority of the Association, and I support this.
6. I hereby pledge to provide the best program I can for my players.

Signature:

Date:
