Clearview Girls Hockey Association

Application for Adult Participation

Personal Information

Last Name:	First Name:	Initial:	Age:
Address:	City:	Postal Code:	
Phone Home:	Phone Work:		
Fax:	E-Mail:		

Desired Participation and Level

Division	Level
Novice	
Atom	
Pee Wee	
Bantam	
Midget	

(indicate the level ie. A, BB in the column)

Position:	Coach	
	Assistant Coach	
	Manager	
	Trainer	
	Parent Rep	
	Other	

(place an X next to the position applied for)

Participation Background and Levels

(NCCP Certification Required)

Coach / Trainer Certification #:		Expiry Date:	
Coaching Level:			
Certified Trainer Level:		Expiry Date:	

Participation Experience

Team(s) Participated	Year	Division	Position*	Highlights , Successes

*(Coach, Trainer, Manager etc.)

Player Experience

Team(s)	Year	Division	Position	Highlights , Successes

References

Name:	Home Phone #:	Work Phone #:

Other Information (ie. Coaching philosophy, Team plans, etc.)

Consent To Background Check

A Police background check is required. A copy is attached. Yes No
If the application has been forwarded electronically, I agree to remit the police record check under separate cover.

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if selected, falsified statements on this application shall be grounds for dismissal. I also authorize investigation of all statements contained herein and release the association from all liability for any damage that may result from utilization of such information."

Applicant Signature: _____ Date: _____

Last Modified: January 29 2016

FORWARD COMPLETED APPLICATION TO CLEARVIEW EXECUTIVE Below

Send Rep Applications too

Deb Rowles debonsports@gmail.com
John Cotugno brenda.cotugno@rogers.com
Fred Emslie fredemslie@sympatico.ca

House League Applications send too

Deb Rowles debonsports@gmai