



The Pas Minor Hockey Association House League Coach Application Form 2011-2012 Season

Name _____ D.O.B. _____
 Address _____ Home Phone _____
 City _____ Cell _____
 Email _____

League Team **Traveling Team**
 Coach Assistant Coach Trainer
 Novice Atom Pee Wee Bantam Midget Female

Do you have a child playing hockey? **Y / N** Name _____
 Child's last level of play _____ D.O.B. _____

Certifications:

Coaching Level _____ Year _____
 Trainer/First Aid Level _____ Year _____
 Gator-Aid Safety Level _____ Year _____
 Coach Awareness _____ Year _____
 Other Courses _____ Year _____

Coaching Experience:

Position _____ Level _____ Association _____ Year _____
 Position _____ Level _____ Association _____ Year _____
 Position _____ Level _____ Association _____ Year _____

Hockey Related References:

Name _____ Phone _____
 Name _____ Phone _____

* All coaching positions require a criminal record check. **Attached?** _____ Yes _____ No

Signature: _____ Date: _____

**For more information regarding registration please call
 Darryl Assailly 623-7025 (work) 794-4383 (cell)**