



Kitimat Minor Hockey Association
PO Box 84
Kitimat, BC
V8C 2G7

Coaching Application

Name: _____

Date of Birth: _____

Address: _____

Postal Code _____

Email: _____

Phone: _____

Date: _____

Indicate your preference: Head Coach___ Assistant Coach___ On Ice Helper___

Indicate your preference: Recreational Hockey___ Rep Hockey/U11 Comp___

Indicate which Division (s):

U7___ U9___ U11___ U13___ U15___ U18___

Have you attended a Coach 1 Clinic YES/NO

Have you attended a Coach 2 Clinic YES/NO

Have you attended a Developmental 1 Clinic YES/NO

Do you have Speak Out or Respect in Sport YES/NO

Do you have CATT (concussion awareness) YES/NO

Criminal Record Check is MANDATORY every season

Recent Coaching Experiences

Season	Team	Organization	Role
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

Print Name: _____ Signature: _____

Date: _____ Association: Kitimat Minor Hockey

Please return to Blaine Markwart blainemarkwart@gmail.com or mail to KMHA , PO BOX 84. V8C 2G7

