

HOUSE LEAGUE/LOCAL LEAGUE Coaches Application 2024 – 2025

Please complete all sections of this application in order to be considered for a team. Please print clearly!

In order to be considered for HL/LL Hockey Coach position, you will require the following qualifications.

DIVISION	CATEGORY	HEAD COACH	ASSISTANT COACH	TRAINER
U7 U8 U9	ALL	Coach 1- Intro to Coach ¹	Coach 1- Intro to Coach ¹	HTCP Level 1
U10 U11	Representative	Coach 2-Coach Level Certified ³	Coach 2-Coach Level Trained ²	HTCP Level 1
U10 - U21	House League (HL) Local League (LL) Minor Development (MD) Select	Coach 2-Coach Level Trained ²	Coach 2-Coach Level Trained ²	HTCP Level 1

All coaching staff must adhere to and comply with all OMHA, WMHA policies, procedures and code of conduct at all times while participating on or off the ice, during any team sanctioned event and tournaments. It is your responsibility to ensure you review and understand the new by-laws and policy & procedures.

All coaching staff must have or be in the process of obtaining a Police Clearance Certificate. You can apply for this online at the NRPS website. If you do not have one, I would ask that you please go to the NRPS website and apply now.

Coach as a Leader:

- Establish seasonal goals and objective
- Develop leadership abilities in your players
- Establish positive relationships with referees, parents, other coaches
- Maintain and renew all necessary levels of certifications as required

Coach as a Teacher:

- Teach the necessary hockey skills for the age group and develop a seasonal plan
- Teach skills using proper sequences and progressions in an understandable manner
- Recognize athletes are unique and differ in learning and readiness to learn
- Teach more than just hockey, respect, sportsmanship, dedication, teamwork

Coach as an Organizer:

- Plan effective practices
- Select support staff that will provide maximum benefit to yourself and your players
- Seek parent assistance in running activities for your program i.e. parent reps

Coach as a Communicator:

- Convey clear and concise instructions to your players during practices and games
- Have open communication with parents and meet when needed

Safety: Coach must establish a safety plan with his trainer and provide this plan to the Executive. Ensure all on and off ice activities and dressing room area are supervised at all times. Ensure players are wearing their equipment properly and report any abusive behaviour to the Director of Risk Management of WMHA. Keep the division director abreast of any situation that may need support – open communication is advised.

APPLICATION

Coaches Name:			
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
Choices: Please choose division below			
U8 U	J9		U11
U13 U	J15		U18
If these choices are not available, would you o	consid	er accepting another team?	YES NO
 If you have a Police Clearance Certification outlined by the Ontario Hockey Federa 			ving the new procedure
If you do not, please apply for one on the Niag	gara R	degional Police Services websit	te and be prepared to
submit to the Ontario Hockey Federation if yo	u are	the selected candidate.	
Attach your team and player developm	nent p	olan, as well as an overview of	your season objectives
Hand in 2 planned practice outlines			
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DEADLINE is THURSDAY, AUGUST 8th, 2024 (11:59pm)

PAST COACHING EXPERIENCE (5 years)

Year	Team/Association	Category	Position
i.e. 2019-2020	WMHA	Peewee AE	Head Coach
Will you have a child e If yes, please list below Name:		r all staff members	yes No C
Name:		OOB:	
Additional Comments: By signing this applicat	ion, you agree to follow the OHF, O		ctive and policies.
Signature:		Date:	

PO Box 301, Welland, ON L3B 5P7 Phone: 905-933-3262 www.wellandminorhockey.com

COACHING STAFF

HEAD COACH Name: Address: Phone: Cell: Email: Coaches #: Trainers #: ○ Gender Identity ○ RIS DOB: **ASSISTANT COACH** Name: Address: Cell: Phone: Email: Coaches #: Trainers #: ○ Gender Identity ○ RIS DOB: **ASSISTANT COACH** Name: Address: Cell: Phone: Email: Coaches #: Trainers #: \bigcirc Gender Identity \bigcirc RIS DOB:

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TRAINER			
Name:	Address:		
Phone:	Cell:		
Email:			
Coaches #:	Trainers #:		
○ Gender Identity ○ RIS	DOB:		
MANAGER			
Name:	Address:		
Phone:	Cell:		
Email:			
Coaches #:	Trainers #:		
○ Gender Identity ○ RIS	DOB:		
OTHER:			
Name:	Address: Cell:		
Phone:			
Email:			
Coaches #:	Trainers #:		
○ Gender Identity ○ RIS	DOB:		

REFERENCES

Name:	
Address:	
City:	Postal Code:
Phone (Res):	Phone (Cell):
Name:	
Address:	
City:	Postal Code:
Phone (Res):	Phone (Cell):
Name:	
Address:	
City:	Postal Code:
Phone (Res):	Phone (Cell):
Date:	Signature:
Submit entire application	on via email to: Jason Channon (VP House League/Local League)
PREFE	RRED METHOD Email: jason_channon@yahoo.ca
	INE is THURSDAY, AUGUST 8 th , 2024 (11:59pm)

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