



Rep Coaches Application 2020 – 2021

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

In order to be considered for a Rep Hockey Coach you will require an up to date Certified Development 1 (Bantam and Midget). All others Development 1 is accepted.

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.

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.

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 ice 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 President of WMHA. Keep the Rep 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 your top 2 choices

NOVICE _____ MINOR ATOM _____

ATOM _____ MINOR PEEWEE _____

PEEWEE _____ PEEWEE AE _____

MINOR BANTAM _____ BANTAM _____

MINOR MIDGET _____ MIDGET _____

If these choices are not available, would you consider accepting another team? YES NO

- If you have a Police Clearance Certificate, please submit with your application.

If you do not, please apply for one on the Niagara Regional Police Services website and be prepared to submit to the Rep Committee if you are the selected candidate.

Attach your team and player development plan, as well as an overview of your season objectives

Hand in 2 planned practice outlines

DEADLINE is FRIDAY, FEBRUARY 14th, 2020

PAST EXPERIENCES (5 years)

Year	Team/Association	Category	Position
i.e. 2019-2020	WMHA	Peewee AE	Head Coach

We understand that staff may change, please provide your entire coaching staff on the following forms to the best of your knowledge to be considered a complete application

PRS numbers are mandatory for all staff members

Will you have a child eligible to play Rep Hockey in the division you have applied for? YES NO

If yes, please list below:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Additional Comments:

By signing this application, you agree to follow the OHF, OMHA, WMHA rules, directive and policies.
DEADLINE is FRIDAY, FEBRUARY 14th, 2020

Signature: _____ Date: _____

COACHING STAFF

HEAD COACH

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

ASSISTANT COACH

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

ASSISTANT COACH

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

DEADLINE is FRIDAY, FEBRUARY 14th, 2020

TRAINER

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

MANAGER

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

OTHER: _____

Name:	Address:
Phone:	Cell:
Email:	
Coaches #:	Trainers #:
<input type="radio"/> Speak Out <input type="radio"/> Gender Identity	DOB:

REFERENCES

Please provide 3 references below:

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 to: Linda Falovo-Atkinson (Rep Director)
71 College Park Drive
Welland, ON
L3C 6Z7

PREFERRED METHOD Email: atkinson2004@cogeco.ca

DEADLINE is FRIDAY, FEBRUARY 14th, 2020