



SHELBURNE MINOR HOCKEY

REP COACH APPLICATION

2023 – 2024 SEASON

Applicants Name:	
OMHA Member #:	Date of Birth (dd/MM/YYYY):
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	Email:

A yearly criminal background check or signed SMHA declaration must be submitted prior to start of the regular season.

Coach 2-Coach Level Certified:	Issued Date:
Development 1 Certified:	Issued Date:
High Performance 1 Certified:	Issued Date:

Head Coaches will be responsible for bench staff having their necessary credentials AND criminal background checks completed.

Team(s) Requested –

	U11 (Atom)	U13 (Peewee)	U15 (Bantom)	U18 (Midget)
REP				
AE (if applicable)	X	X	X	X
Local League	X	X	X	X

Do you have a child playing with SMHA?: Yes No	If Yes, what age group?
If your above choices are unavailable, would you accept a different position (i.e Assistant Coach, Trainer, etc) Yes No	
Alternate position requested:	

I confirm that the information provided is true and correct to the best of my knowledge and hereby unconditionally agree to release collection and verification of any available, required or supplied information, be it personal or otherwise, in consideration of my application.

I understand the SMHA will treat my information as confidential and limit dissemination on a need to know basis only.

Please email the completed REP coach application to: Brian Greer brian_greer8@hotmail.com, Kevin Hill kevinhillSMHA@outlook.com, and Mike Scace Michael.scace@cushwake.com

Signature: _____