

MEADOW RIDGE FEMALE MINOR HOCKEY ASSOCIATION



Team Official Registration Form

Head of Coaches

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Web: www.barracudashockey.ca

Name: _____
(Given name) (Middle name) (Surname)

Address: _____ City: _____

Postal Code: _____ Birthdate: _____

Phone (home) _____ Phone: (cell) _____

Email: _____ BC Medical #: _____

Hockey Canada #: _____ Team (Division): _____

Head Coach of Division: _____ Position applying for: _____

Certification/Training:

1. NCCP (National Coaching Certification Program)

	Year Completed	Location
Introduction to Coaching	_____	_____
Speak Out	_____	_____
Developmental 1	_____	_____
Advanced Level I or II	_____	_____
HCSP:	_____	_____

2. Last Association where you acted as a team official (if applicable) _____

Position: _____ Division: _____

Undertakings:

- I hereby consent to the disclosure of the above information.
- I hereby acknowledge the authority of the CHA, CHAHA, PCAHA and **MRFMHA**, and agree to carry out and abide by their constitutions, bylaws, rules and regulations.
- I agree to attend all coaching clinics, seminars and meetings sponsored, organized or conducted by **MRFMHA and PCAHA**.
- By way of this application, I acknowledge that it is my responsibility to provide **MRFMHA** with a **current criminal record search within 30 days of my coaching application being accepted**. I understand that as a team official I may not participate in any on / off ice instruction until the criminal record check is completed and submitted to MRFMHA.

Signature: _____

Date: _____

MRFMHA USE ONLY		Comments/Notes:
Date application received:	_____	
Criminal record check completed:	_____	
Assigned to team: Division	_____	
Courses required:	_____	