



ABERDEEN FLAMES COACHES APPLICATION

NAME: _____

EMAIL ADDRESS: _____

PHONE #: _____

APPLYING FOR:

(PLEASE INDICATE WHICH AGE GROUP YOU ARE APPLYING FOR; IF MULTIPLE PLEASE CIRCLE THEM ALL ACCORDINGLY)

HEAD COACH:	U7	U9	U11	U13	U15	U18
ASSIST. COACH:	U7	U9	U11	U13	U15	U18
BENCH STAFF:	U7	U9	U11	U13	U15	U18

PLEASE INDICATE ALL THE CLINICS YOU CURRENTLY HAVE:

- NCCP LEVEL
- SAFETY CLINIC
- RESPECT IN SPORT
- CHECKING CLINIC
- GOALTENDER CLINIC
- OTHER _____

****CLINICS ARE A MUST HAVE BY DECEMBER 20TH OR COACHING FINES WILL INCUR. EACH COACH WILL BE RESPONSIBLE FOR PAYING THEIR OWN FINES****

****ALL COACHES WILL BE REQUIRED TO SUBMIT A CRIMINAL RECORD CHECK. ALL CRIMINAL RECORD CHECKS MUST BE DONE BY THE END OF NOVEMBER OR PARTICIPATION IN TEAM EVENTS (PRACTICES, GAMES, ETC) WILL BE SUSPENDED UNTIL THE CRIMINAL RECORD CHECK IS COMPLETE.**

PREVIOUS EXPERIENCE:

DATE: _____

SIGNATURE: _____

EMAIL COMPLETED FORMS TO ABERDEENHOCKEY@OUTLOOK.COM

THANKS FOR HELPING MAKE THE SEASON HAPPEN!

GO FLAMES GO!

