



LDBMHA Coach/ Manager Application

Season- 20___/ 20___

Please return to: Bobbieleestepanik@gmail.com

CC- LDBMHPresident@outlook.com

Name: _____

Address: _____

Telephone numbers: (H) _____ (C) _____

Email address: _____

☐ **Respect In Sport for Activity Leaders. Needs to be renewed every 5 years.**

RIS Number: _____

☐ **Application for Child Abuse Registry check attached. Needs to be renewed annually per Hockey Manitoba. (Payment Exempted – No fee attached)**

(Application for a Child Abuse Registry Check by Employers and Others – on RRMHA website)

Position/Level Applying for:

First choice: _____

Second choice: _____

☐

Head Coach ONLY

☐

Assistant Coach ONLY

☐

Head Coach or Assistant

☐

Manager

Coaching Certification Levels: _____

Previous Coaching Experience: _____

Will you have a child playing hockey in Lac du Bonnet Minor Hockey this season? If so, please enter their names/age levels below.

_____ (age/level)

*You will be required to take required Hockey Manitoba coaches clinic being offered for your appropriate age level

_____ Yes (I understand this requirement)



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As a Coach/Manager I will familiarize myself with and will adhere to the “LDBMHA Code of Conduct.”

As an LDBMHA Head Coach/ Manager, I will be responsible for conducting myself as a positive role model for those players selected to the team. As a role model and positive influence, I will accept responsibility for not only my behavior and conduct but also the conduct of my fellow coaches, managers, safeties, players, and parents.

I further understand that this is a volunteer position and that I will not receive monetary compensation or any other remuneration or fringe benefit (other than outlined in the LDBMHA Constitution or Policies) for serving in this position.

I also acknowledge that inappropriate behavior could result in disciplinary action by LDBMHA who have the authority to remove the Head Coach, Assistant Coaches, Safeties & Managers at any time if it is determined to be in the best interest of the Association and its members.

I certify that if chosen, I will have to attend additional Hockey Canada/Hockey Manitoba coaching clinics to obtain the proper level card if not done so already.

I certify, that if Hockey Manitoba makes all staff complete a Child Abuse Registry Check, that I will comply and return proof to LDBMHA Board in a timely fashion.

Applicant Signature

Date