



# WHISTLER MINOR HOCKEY ASSOCIATION

P.O. BOX 1369

WHISTLER, BC

V0N 1B0

TEL/FAX 604-938-0990

www.whistlerminorhockey.ca

## COACH APPLICATION FORM

COACH Name: _____	Date: _____
Address: _____	Season: <u>2009/10</u>
City: _____ Postal Code: _____	Birth Date: _____
Home Ph: _____ Work Ph: _____	Male: _____ Female: _____
Fax: _____ Email: _____	Division PREFERRED: _____

COACH ACCREDITATION LEVEL \_\_\_\_\_ DATE ACCREDITED \_\_\_\_\_

OTHER ACCREDITATIONS: PLEASE DESCRIBE AND PROVIDE DATE OF COMPLETED ACCREDITATION \_\_\_\_\_

PLEASE PROVIDE PROOF OF A CRIMINAL RECORD CHECK \_\_\_\_\_

WHY COACH FOR US? ....WHAT WOULD YOU LIKE TO ACHIEVE PERSONALLY?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE #1 _____	REFERENCE #2 _____
Address: _____	Address: _____
City: _____ Postal Code: _____	City: _____ Postal Code: _____
Home Ph: _____ Work Ph: _____	Home Ph: _____ Work Ph: _____
Cell Ph: _____ Fax: _____	Cell Ph: _____ Fax: _____
Email: _____	Email: _____

Health Insurance Number: \_\_\_\_\_

Person to contact in case of emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIGNATURE AND WAIVER

We hereby acknowledge the authority of the Canadian Hockey Association, B.C. Amateur Hockey Association, Pacific Coast Hockey Association and the Whistler Minor Hockey Association and agree to carry out and abide by the constitution, By-Laws, Rule and Regulations of those associations.

RELEASE: In consideration of this application to play under the auspices of the Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge the CHA, BCAHA, PCAHA and WMHA, its officers or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of the association.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_