

Lindsay Lynx Girls Hockey Association Coaching Application

Name:	Phone:					
Address:	ddress:					_
Postal Code:	En	nail:				_
I am interested in the	e following: (chec	k off in bo	oxes belo	w).		
Position	Level	Level		Age Group		
Head Coach	Tier 1	Tier 1		U9 (HL ONLY)		
	Tier 2	Tier 2		U11		
	House Lea	igue		U13		
				U15		
				U18		
Please indicate your	qualifications, co	ourses and	d certific	ations b	elow:	
Certification/Course	е	Date/Location Cert		Certification #		

Please be aware that the following courses are required for all Coaches:

- Respect In Sport Activity Leader
- Planning a Safe Return to Hockey
- Development 1 Trained

Please indicate	VALIF MASS	t racant/ra	IAVant A	YNGRIGNCG'
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Position Held/Team	Level	Season	Ass	sociation
lease provide two (2) references ockey background.	(one peer and o	one parent), that	are fai	miliar with you
Name		Home Phone	V	Vork Phone
Please attach a more de training and/or managing	g experience words)	es and philos	-	<u> </u>
training and/or managing	g experience words) ubmit application	es and philos ons via email to:	ophie	
training and/or managing	g experience words) ubmit application	es and philos	ophie	•
training and/or managing	g experience words) ubmit application kandbjoh ch position will be Deadline for	es and philos ons via email to: onston@hotmail. e contacted for r applications i 48 hours, to con ation email, plea	com an inte	erview with the ch 31, 2022. A eceipt of your

LGHA Coach Staff Application Revised: 2022