



2024-25 Head Coach Application

Name: _____

Address: _____

Email: _____

Category (Check all you are interested in) U11 Tier 1: ____ U13 Tier 1: ____ U15: ____ U18: ____

Certification / Training

Course	Year Completed	Course	Year Completed
Coach 1	_____	RIS Activity Leader	_____
Coach 2	_____	Development 1	_____
Safety	_____	High Performance 1	_____
Checking	_____		
Other			

Hockey Coaching Experience (start with the most recent)

Season	Association	Category	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your coaching Philosophy

Declaration:

I hereby authorize SEERA Hockey to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their coaching requirements. Should I be selected, I further agree to Bylaws, and Policies of the Hockey Canada, Hockey Alberta, Hockey Edmonton, and SEERA Hockey.

I hereby consent to the above:

Signature

Date

Email form: seeraadmin@shaw.ca