



**ETOBICOKE HOCKEY LEAGUE HOUSE LEAGUE TEAM COACHES**  
**APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_, City \_\_\_\_\_, Postal  
Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
\_\_\_\_\_

**Email**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speak Out Number: \_\_\_\_\_ or Respect in Sport Number: \_\_\_\_\_  
\_\_\_\_\_

Have you Coached previously  yes  no If yes, how many years experience?  
\_\_\_\_\_

Do you have a child registered in the League for the same season that you are requesting  
to coach?  yes  no

If yes, what is the year of birth for the child that you wish to coach?  
\_\_\_\_\_

What is the name of the child you wish to coach?  
\_\_\_\_\_

If you do not have a child registered in the league, do you have a preference of which age  
group you would like to coach?

Tyke ( )                      Minor Novice ( )              Novice ( )              Minor Atom ( )  
)                      Atom ( )                      Minor PeeWee ( )              PeeWee ( )  
Minor Bantam ( )                      Bantam( )                      Midget ( )

In the event that there are already sufficient coaches in the age division you requested would you be willing to coach another age group? \_\_\_\_\_

---

Are you requesting to be: Coach ( ), Assistant Coach 1 ( ), Assistant Coach 2 ( )

Please indicate the name of the other members of your coaching staff that you would like with you on the bench.

Coach:

\_\_\_\_\_

—

Assistant Coach:

\_\_\_\_\_

Assistant Coach:

\_\_\_\_\_

---

---

Please note that the Etobicoke Hockey League reserves the right to accept or deny applications based on qualification or concerns with the league. All applications will be considered and approved by the league. We will try to accommodate bench staff requests however, cannot guarantee that all coaches listed above will be placed on the same team.

Before a coaching request will even be considered, the applicant must have completed either the Speak Out or Respect in Sport Equivalent and must be indicated on this application. In addition, anyone wishing to be a Trainer must also complete the Training Certification in order to be considered.

If a team does not have a full bench staff prior to the start of the season, the Head Coach must submit in writing to the Registrar his request for assistant coaches no later than the third week of the season. The assistant coaches selected will have to have completed the Speak Out or Respect in Sport before officially being approved by the league and added to a Roster.

#### Release of Information

The Coach and or any member of the bench staff shall not release to any outside organization, any players information for any reason. Information provided to any member of the bench staff is for the sole purpose of the Etobicoke Hockey League. Player lists contain confidential and/or privileged information for the sole use of the League. Any unauthorized review, use, disclosure or distribution is strictly prohibited.

Signature of \_\_\_\_\_ Date \_\_\_\_\_  
Applicant \_\_\_\_\_

---

**To be Completed by Board**

**Application Approved By:**  
\_\_\_\_\_

**Board Signature:**  
\_\_\_\_\_

**Date of Approval:**  
\_\_\_\_\_