



# COACHES INFORMATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Female  Male

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you ever played organized hockey  Yes  No

Have you ever coached a Youth Sports Team  Yes  No

If yes, please tell us about it... \_\_\_\_\_

What age division would you prefer to coach:

4 - 6  7 - 9  10 - 12  13 - 15  16 - 18

Do you have any children playing?  Yes  No

If yes, what are their names... \_\_\_\_\_

How would you like to participate as a coach:

Head Coach  Ass't Coach  Team Manager

Do you require a letter from Game On for Volunteer Hours?  Yes  No

If yes, for which Institution? \_\_\_\_\_

If yes, how many hours do you require? \_\_\_\_\_

Which Game On Season would you like to coach in:

Spring (March - May)  Summer (June - August)  Fall (September - November)

Do you agree that as a ball hockey Coach you will have an influence with the players of your team?  Yes  No

**Signed by** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicant** \_\_\_\_\_