

Development Stream 2024/2025

Central York Girls Panthers Development Stream (DS) Coaches Application

Personal Information

1. Full Name: _____
2. Email Address: _____
3. Phone Number: _____
4. Address: _____
5. DS Age Group Applying For (U11, U13, U15, U18):
 - U11
 - U13
 - U15
 - U18

Coaching Certifications & Experience

1. Do you have a valid Coaching Certification?
 - Yes
 - No
 - If yes, list certifications (e.g., Hockey Canada Coaching Levels, Respect in Sport, Speak Out, etc.):

2. Hockey Coaching Experience:
 - Years of Coaching Experience: _____
 - Levels Coached (e.g., House League, Rep, DS):

 - Previous Teams Coached (Team Name, Year, Division):

3. Have you coached with Central York Girls Hockey Association before?
 - Yes
 - No
 - If yes, please provide details:

4. **Have you ever been suspended or disciplined by a hockey association?**

- Yes
- No
- If yes, please explain the circumstances:

Coaching Philosophy

1. **Why are you interested in coaching in the Development Stream (DS) with the Central York Girls Panthers?**

2. **Outline a typical practice plan you would implement for a Development Stream team. How would you ensure skill progression and engagement?**

3. **How do you prioritize fun, team bonding, and skill development in your coaching?**

4. **How would you foster a positive team culture that encourages respect, hard work, and sportsmanship?**

References

Please provide two references (preferably hockey-related) that can speak to your coaching experience and suitability for the Development Stream program.

1. **Reference #1 Name:** _____

Phone: _____

Email: _____

Relationship: _____

2. **Reference #2 Name:** _____
Phone: _____
Email: _____
Relationship: _____

Additional Information

Is there anything else you'd like to share about your qualifications, coaching style, or expectations?

Acknowledgment

By submitting this application, I confirm that the information provided is accurate to the best of my knowledge. I understand that as part of the application process, I may be required to undergo a police background check.

Signature: _____
Date: _____