

Iroquois Falls Ringette Association



Name: _____

Current Address: _____

Years at Current Address: _____ Date of Birth: _____

Telephone: _____ Email Address: _____

Position Desired:

Division	Position
<input type="checkbox"/> Bunny – U7	<input type="checkbox"/> Head Coach
<input type="checkbox"/> Novice – U10	<input type="checkbox"/> Assistant Coach
<input type="checkbox"/> Petite – U12	<input type="checkbox"/> Manager
<input type="checkbox"/> Tween – U14	<input type="checkbox"/> Trainer
<input type="checkbox"/> Junior – U16	
<input type="checkbox"/> Belle/Open – U19,18+	

Coaching Qualifications (provide a copy of certificate if available):

NCCP Number: (IF AVAILABLE): _____ Not Certified/Willing to take Course: _____

In the following tables, please enter the date of ORA Certification:

Certification – NEW	
C.I. Certified	
C.I. Trained 1 & 2	
C.S.I. Trained	

Certification – OLD			
	Level 1	Leve 2	Level 3
Theory			
Technical			
Practical			

Past Coaching Experience:

Please Identify the organization/association, age and level of play and the approximate time of your involvement. Include ringette and any other sport.

Please state your Coaching Philosophy:

Explain, for instance, you attitude towards winning, losing, players, ice time, discipline and administrative matters.

Why do you want to coach this team?

If applicable, are you interested in coaching a team other than your child/children's?

Yes

No

Not Applicable

Signature: _____

Date: _____

Please email this form to :
cyr_sue@hotmail.com