

COACHING APPLICATION

North-Glen-Stor Minor Hockey Association

2026-2027 Season

Name: _____ Telephone: (H) _____ (Cell) _____

Address: _____ Email: _____

TEAM(S) APPLYING TO COACH:

U7	Senior	Junior	
U9	Tier 2	Tier 3	Tier 4
U11	Rep B	House	
U13	Rep B	House	
U15	Rep B	House	
U16	Rep B		
U18	Rep B	House	

CERTIFICATION

YES

NO

Respect in Sport (RIS) - Activity Leader
(Equivalency: Speak-Out)

Gender Identity and Expression Course

Coach 1 – Intro
(Equivalency: Initiation Program or Intro Coach)

Coach 2 – Coach Level
(Equivalency: Coach Level 1 and 2, Coach Stream)

Development 1
(Equivalency: Coach Level 3, Intermediate)

HTCP Level 1 (Trainer 1)

HTCP Level 2 (Trainer 2)

If you do not have proper certification for the level you are interested in coaching, please indicate if you are enrolled in an upcoming clinic? If yes, date of clinic _____?

EXPERIENCE