



WELCOME TO THE HOME OF THE ICE KATS

2010 - 2011 COACHING APPLICATION

Thank You for your interest in the Ice Kats Organization

Please complete the following application if you are interested in being a  
Head Coach for the 10/11 Season

Completed applications can be e-mailed or mailed  
to the following addresses by:

DEADLINE DATE: Sunday February 28, 2010

Mail to: 2<sup>nd</sup> Vice President Carole Wagner  
804 Porter Road  
Pontypool, ON  
LOA 1K0

Or E-Mail Carole at: [carole.amsteger@bellnet.ca](mailto:carole.amsteger@bellnet.ca)



**Ice Kats Coaching  
Application  
2010 – 2011 Season**

Administrative Use Only
Date Received:
By:

**All completed applications & required additional information must be received by: February 28, 2010**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Work #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Team & Level You Are Applying For (please circle your choice)

Level:      AA    A    BB    B    C    HL

Division:    Novice    Atom    Peewee    Bantam    Midget    Intermediate    Senior

Training	Registration Number	Expiry Date
Prevention Services		
NCCP Initiation Program		
NCCP Coach Level		
HTCP Trainer Level 1/11		
Police Criminal Check		
Other		

All team staff will be required to produce a Prevention Services # & Police Criminal Check

**PLEASE INCLUDE THE FOLLOWING INFORMATION  
WITH YOUR COMPLETED APPLICATION**

- ✓ Previous Coaching Experience
- ✓ Yearly Plan
- ✓ An estimate of 2010 Budget
- ✓ Copies of Police Check, VSS, Coaching Certificate, Prevention Services # and any additional certificates.

COACHING AGREEMENT  
2010 – 2011 SEASON

- × I am in agreement that each player, parent, coach and the Executive is an integral part of the Peterborough Ice Kats Association.
- × I am in agreement that by not supporting the program and the goals of the Ice Kat Association it could mean my suspension or expulsion from the Ice Kat Association.
- × I understand and am in agreement that "Player Development" is a priority for the Ice Kat Association.
- × I agree to attend all Coaching Meetings and will participate in all development sessions as required by the Association.
- × I will do my best to provide all players with the opportunity to grow as positive individuals and encourage players to reach their full possible potential as athletes.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REFERENCES (Please list two references (no family))

1. NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_

RELATIONSHIP: Executive Person From Prior Coaching Position

(Position) \_\_\_\_\_

2. NAME: \_\_\_\_\_ HOME#: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_