



JUNIOR COACHING APPLICATION

NAME _____ DOB _____

ADDRESS _____ POSTAL CODE _____

EMAIL ADDRESS _____ PHONE #: (709) _____

PARENTS NAME _____ EMAIL ADDRESS _____ PHONE # _____

Please Place **X** In Division Requested _____

	Mixed	Female	Player coach	Goalie Coach
LTS (4-6 yrs)				
U7				
U9				
U11				
U13				
U15				

Indicate Previous Coaching Experience

Year	Division	Head Coach Name

Junior Coach Agreement:

As an approved Junior Coach, I agree to follow the directions of the Head Coach of the Division and or Team I am assigned to and that NEMHA reserves the right to remove any junior coach that does not comply with this agreement.

I understand: Applicant signature: _____

I understand: Parent Signature: _____