



EVALUATOR APPLICATION

Box 3666 Spruce Grove, AB T7X 3A9
Email: office@sgmha.ca

"SGMHA is continually working to improve our evaluation process. As such, our goal this season is to have all evaluators evaluate a division OTHER THAN the division(s) their kids are playing in. By doing so, we will further ensure that at the end of the process, each player ends up where they belong."

Name: _____

Address: _____

City: _____ *P.C.* _____

E-Mail Address: _____

Home Phone: _____ *Cell Number:* _____

1. Why Do you want to be an Evaluator?

2. What association are you currently registered in?

3. Do you have a child that will be participating in the PWAA tryouts?

Yes

No

4. If you answered 'yes' to question #3, please provide your child's full name.

5. Have you previously been an evaluator for SGMHA or any other Association? If so, when and where?

6. What is your hockey background?

7. What level of coaching certification have you completed (ie Coach Dev 1, etc)?

8. List all previous coaching experience.

9. Can you commit to attend every PW AA evaluation skate, including those your child may not be participating in?

YES

NO

Declaration:

- ❖ I agree to follow the Bylaws, Regulations and Policy as set out by Spruce Grove Minor Hockey Association, Hockey Alberta and Hockey Canada.***
- ❖ I hereby authorize Spruce Minor Hockey Association to conduct any investigation deemed necessary to verify my credentials, qualifications and character in order to meet their evaluation requirements.***
- ❖ I agree the information on this application can be shared with the SGMHA evaluation selection committee.***

Signature: _____ ***Date:*** _____

Final decision for approval of evaluators applications rests with SGMHA Chair of Operations. Chair of Operations Director will notify successful applicants.

Applications should be returned to the Chair of Operations Director of SGMHA. (chairofoperations@sgmha.ca) and cc'd to the office (office@sgmha.ca)

Office Use Only

Approved YES NO