

S.M.H.A Coaching Application 2024-2025

Please email completed application to Damon Whitten (dwhitten@lssu.edu) and cc Joe Esson (hawkcoachjoe@hotmail.com) on or before March 15, 2024

Applicant's Name _____

D.O.B. (DD/MM/YYYY) ____/____/____

Address _____

City: _____ State: _____ Zip Code: _____

Phone: (Res) _____ (Bus) _____

(Cell) _____ (e-mail) _____

CEP# _____ Level _____ Module completed _____

Do you have a child playing with SMHA? Yes _____ No _____

If Yes - what team does the child play for: _____

Please list your assistant Coaches below

Name _____ Cep# _____ Level _____ Module Completed _____

Name _____ Cep# _____ Level _____ Module Completed _____

Name _____ Cep# _____ Level _____ Module Completed _____

Name _____ Cep# _____ Level _____ Module Completed _____

Team Manager

Name _____ Cep# _____ Level _____ Module Completed _____

Email _____ phone# _____

PLEASE NOTE THAT IF YOU ARE SELECTED AS A HEAD COACH THAT ANY CHANGES THAT ARE MADE IN YOUR STAFF (ASSISTANT COACHES AND OR TEAM MANAGER) MUST BE APPROVED BY SMHA BOD.

What level are you applying for:

_____HIP____6U ____8U ____10U/Squirt _____12U/Peewee _____14U/Bantam _____Midget
_____House/B _____Travel _____A/DEV _____AA _____JV

If these choices were unavailable, would you accept a different position?

Yes_____ No_____ (i.e. Assistant Coach, etc.)

COACHING AGREEMENT

- ☐ I agree to teach my players to play fairly and to respect the rules, officials and opponents.
- ☐ I agree to make sure that equipment and facilities are safe and match the players' ages and abilities.
- ☐ I agree to obtain additional training and continue to upgrade my coaching skills, I will actively participate in all player and coach development sessions offered.
- ☐ I understand that "Player Development" is a priority for the Association.
- ☐ I agree to provide the best program I can for my players.
- ☐ I agree to attend all coach's meetings, and will send a replacement if I am unable to attend.
- ☐ I understand that by not abiding by the MAHA/USA Hockey Code of Conduct and the SMHA By-laws Policies and Procedures could result in my suspension or expulsion from the Association.
- ☐ I agree that every parent has a voice on this team and will respect and provide consideration for all comments that are in the best interest of the team.
- ☐ I agree that some conflicts cannot be resolved with a parent(s) and I will make every effort to respect the rights of that parent(s) to issue a complaint to the SMHA BOD.
- ☐ I agree that I will select a child for the team based solely on the merits of the child's skills as a hockey player and overall contribution to the team.
- ☐ I agree to respect the information provided by the Coaching Director and my Division Director and I will make every effort to work with that Director because I understand that it is for the betterment of the team.
- ☐ I agree to respect all voted decisions that are made by the SMHA BOD and will abide by their ruling immediately following an official request either by phone, e-mail or face to face.

Signature _____ Date _____

**Please answer the following questions:
(Use a separate sheet of paper if requires)**

1. Describe your coaching style. _____

2. In your opinion, what would be a successful season for your team? What actions / decisions / strategies would be required of you to reach your goal of a successful season?

3. List in detail your experience in hockey which will assist you in performing the position you seek (i.e. referee experience, level of hockey played, number of years at that level, etc.)

4. What, in your opinion, is your biggest strength? Weakness? How do you plan on strengthening your weakness? _____

Signature _____ Date _____

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