

MAKING HOCKEY "FUN"



N.A.S.C. Hockey Committee Select Program Application Form

Welcome!

All interested parties are required to complete an application form for consideration of placement for the upcoming 2020/2021 Oshawa N.A.S.C. Select Program Hockey Season. There will be interviews for all candidates. All Final Bench Staff Selections will be approved at the discretion of the Oshawa NASC Hockey Executive and NASC Select Program Committee.

If in the event you are applying as a Head Coach *without* a supporting staff, if selected, you must provide the executive with an application with your proposed staff for review and approval.

To be considered, all applicants must have the following credentials:
Valid OMHA coaching certification, current criminal records check (C.I.R.),
and must have successfully completed the OMHA Prevention Services course.

NAME:	
Address/Postal Code:	
Telephone:	
Fax Number:	
Email address:	
Work Number:	Emergency Only
Last C.I.R. check	

Applying as:

Coach <input type="checkbox"/>	Asst.Coach <input type="checkbox"/>	Trainer <input type="checkbox"/>	Asst.Trainer <input type="checkbox"/>	Manager <input type="checkbox"/>
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Team Being Applied for:

Minor Atom <input type="checkbox"/>	Major Atom <input type="checkbox"/>	Minor PW <input type="checkbox"/>	Major PW <input type="checkbox"/>	Minor Bantam <input type="checkbox"/>
	Major Bantam <input type="checkbox"/>	Minor Midget <input type="checkbox"/>	Major Midget 16/17 <input type="checkbox"/>	

Have you ever been removed or suspended from an Amateur Sports Program?

Yes? ☐

No? ☐

Will you or any of your Staff have children trying out for any team you are applying for?

Yes? ☐

No? ☐

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Are you applying with a full staff?

Yes? ☐

No? ☐

If yes, please complete the following section:

Assistant Coach:

Name:	
Address:	
Telephone:	
Last C.I.R. Check	

Assistant Coach:

Name:	
Address:	
Telephone:	
Last C.I.R. Check	

Trainer:

Name:	
Address:	
Telephone:	
Last C.I.R. Check	

Assistant Trainer:

Name:	
Address:	
Telephone:	
Last C.I.R. Check	

Manager:

Name:	
Address:	
Telephone:	
Last C.I.R. Check	

Year:	
Organization:	
Position Held	
Details:	

Details:

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In your own words, describe what is a successful season?

Details:

Is there a different coaching philosophy between House League and Select Hockey? If so, what are the differences?

Details:

Do you have team rules?

Details:

How do you enforce them?

Details:

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Terms and Conditions for submission of the Oshawa NASC Select Program Coaches Application

By Submitting this Application to the Oshawa NASC Hockey, you are agreeing that you have read, understood, and agree to the all the terms and conditions, on behalf of all of your Staff.

* I / we agree that any items containing the Oshawa NASC Select Program Logo and reference to Oshawa NASC Hockey in any form, shall require written authorization by the Oshawa NASC Hockey Committee, prior to the purchase of such items.

Yes, I / we agree ☐

* I / we further understand and agree that the Head Coach bears ultimate responsibility for any and all Team Staff conduct. I / we understand that the Head Coach bears ultimate responsibility for any and all ice time booked outside of what has been provided by Oshawa NASC Hockey.

Yes, I / we agree ☐

* I / we agree to have a Criminal Record Check completed and filed with Oshawa NASC Hockey before being appointed to a Team Staff.

Yes, I / we agree ☐

* I / we agree that if awarded a team by Oshawa NASC Hockey, an account must be setup under the team name with the NASC Hockey treasurer and as common procedure, a total of two persons MUST be setup on the account. Signing officers will consist of two team appointed members and cannot be a combination of both the Head Coach and another member of the coaching staff if related in any way, a third signature by default will be that of the Oshawa NASC Hockey treasurer

Yes, I / we agree ☐

* I / we agree that if awarded a team official position, will enforce that all participants of the Oshawa NASC Select Program are required to be carded on both an Oshawa NASC House League team and an Oshawa NASC Select Program team. Each player MUST fulfill their commitments of both paying and playing for both their House League and Select program teams. Failure to do so will automatically revoke the players' right to participate in either program.

Yes, I / we agree ☐

* Signature of Applicant (on behalf of all Staff members)

Print Name:

Signature:

PLEASE PRINT YOUR APPLICATION FORM, COMPLETE IT, AND EMAIL IT TO :

nasc_selects_application@naschockeyoshawa.org