



COACHING APPLICATION

Mississauga Roller Hockey Association

2011 Season

Please complete and submit this application along with a valid Ontario Police Record Check to

Phil Nolan

By

April 8, 2011

MRHA Youth House League Volunteer Coaching Application: 2010 Season

Age division(s) applying for:

Name:

Address:

City/Town:

Province: **Ontario**

Postal Code:

Phone: (Res.)

(Cell)

Email:

Coaching Experience (Ice or Roller Hockey)

YEAR

TEAM/ASSOCIATION

POSITION

Playing Experience (Ice or Roller Hockey)

YEAR

TEAM/ASSOCIATION

POSITION

What strengths do you have that may help your players enjoy a fun, successful season?

Mississauga Roller Hockey Association

Conditions of Application

In submitting this application to the MRHA, I fully understand and agree to comply with the following:

Mission:

“MRHA promotes, enhances and supports the development of roller hockey in Mississauga for the physical, social and health benefits it provides to youth and adult participants.”

Fair Play: We are governed by rules of play agreed to and adhered to by all our participants. The purpose of the league is to encourage fun and fair play amongst all participants while developing individual skills.

Open Communication: We work as a team with feedback and support coming from the MRHA. There is an understanding that any problems can be openly discussed in order to find appropriate solutions.

MRHA Volunteer Coach Responsibilities

1. To be at the rink no less than 25 minutes prior to and at least 10 minutes after all fifteen games.
2. To respect and follow the rules of play as well as all game officials. There will be zero tolerance for any abusive or inappropriate language or gestures towards anybody at the facility.
3. To promote fun and fair play amongst all players, coaches and game officials.
4. To show integrity for the sport.
5. To help all players develop their team and individual skills.

- **I confirm that the information within this Coaching Application is true and correct to the best of my knowledge.**
- **I have read, acknowledged and agree to abide by the responsibilities above.**
- **I agree to abide by all Rules and Regulations of the MRHA.**

Date: _____, 2011

Printed Name:

Signature: