

Ajax/Pickering Minor Hockey Association Coaching Application 2026 - 2027 Season

Address	City:	City:	
Postal Code:	DOB: MMM/DD/YYYY:	DOB: MMM/DD/YYYY:	
Home #:	Cell #:		
Email:	Occupation:		
Second Choice  Coaching Certification Level:			
Parent Coach:YES (Check One			
Your Coaching History			

Your Child's Information				
If have a child on the team y	ou are applying for fill in this section			
Child's Name:	Birth Year: Position: F	DG		
How would you rank your ch	nild on the current team? $\Box$ Top $\Box$ Middle	•		
Last Season Playing History (Your Player)				
<u>Year</u>	<u>Team</u>	Level (AAA,AA,A,AE etc)		
☐Yes ☐NO Are you certified fo	or the level for which you are applying?			
the time frame we require?  Yes NO Have you been invo (hockey, soccer, baseball, etc)?  Declaration: By submitting my a	fied at the required level, are you willing to take a plyed in any disciplinary actions against you becau application, I hereby authorize the Ajax Pickering y to verify my credentials, qualifications, and cha	use of coaching any minor league team  Minor Hockey Association to conduct any		
Should I be selected, I agree to abide by the Constitutions, Bylaws, and Policies of the APRMHA. I agree to provide a volunteer criminal record check to the OHF and I understand that I may be removed as a team official if the criminal record check (VSC) is not satisfactorily. I further understand that the APMHA must approve all my team staff in advance of the season.  Instructions				
	ail to leo@ajaxpickeringminorhockey.com <b>O</b>	nly online applications		
- a brief background on yo -your philosophy on minor -why are you applying for t	•			
The Committee will review applications and assess a candidate's qualifications and suitability for the				

## **NOTICE:**

position.

Not all applicants are quaranteed to proceed to the interview stage.