



TEAM STAFF FORM

DIVISION/TEAM					BIRTH YEAR	
LEVEL (circle one)	AAA	AA	A	MD	SELECT	REC LEAGUE
DATE SUBMITTED						

All staff members and on-ice personnel acknowledge, understand and accept all requirements and will ensure compliance with the following:

- Fair Play Code of Conduct requirement
- Police Check requirement
- On-ice helmet requirement for all staff and participant's requirement
- Mouth guard requirements
- An understanding of all applicable resolutions for league being applied for

1. HEAD COACH

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Work Phone	
E-mail address			

2. TRAINER

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Work Phone	
E-mail address			

3. ASSISTANT COACH/ASSISTANT TRAINER (CIRCLE ONE)

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Work Phone	
E-mail address			

4. ASSISTANT COACH/ASSISTANT TRAINER (CIRCLE ONE)

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Work Phone	
E-mail address			

5. ASSISTANT COACH/ASSISTANT TRAINER/MANAGER (CIRCLE ONE)

Name		Date of Birth	
Address		Cell Phone	
City		Home Phone	
Postal Code		Work Phone	
E-mail address			