



BROCKVILLE JR. BRAVES CLINIC REGISTRATION



Welcome to the Brockville Minor Hockey Association's Clinic Page.

All Parents and Volunteers from the BMHA or any other hockey Association are encouraged to sign up

TRAINING REQUIREMENTS

The Following Chart will show the minimum requirements needed based on the role with a team

Role	Speak Out	Intro to Coach	Coach Stream	Developmental 1	Trainer
On-Ice Instructor (IP)	YES	YES			
Head Coach					
Rep	YES			YES	
House	YES		YES (Note 1)	RECOMMENDED	
Assistant Coach					
Rep	YES		YES	Note 2	
House	YES		RECOMMENDED		
Trainer	YES				YES
Manager	YES				
Parent	RECOMMENDED				

Note 1: The Coach Stream course includes the Speak Out course. If you register for Coach Stream then you do not need to take Speak out

Note 2: Coach Stream is Mandatory for an Assistant Coach to have on a Rep. team. House league Coaches are encourage to take this course

Sign Up and Payment Process

- 1** All Spots will be filled on a first come first paid basis
- 2** Registration must be paid in full before attending
- 3** Applicant must fill out the attached Registration form and either Email, Fax or Mail back to the BMHA along with payment
- 4 No Refunds** for cancellations less than 72 hours before the course or **NO SHOWS**
- 5** To request a refund you must send an Email to president@gobmha at least 72 hours before the start of the course.
- 6 NSF CHEQUES** will be subject to a \$25.00 administration fee
- 7** Receipts will be issued on the day of the Clinic
- 8** All applicants will receive a Email indicating acceptance into the course once registration form has been received



BROCKVILLE JR. BRAVES CLINIC REGISTRATION



(PLEASE PRINT CLEARLY)

LAST NAME: _____ FIRST NAME: _____

D.O.B Y Y Y Y / M M / D D AGE: _____ GENDER: _____

HOME ASSOCIATION: _____ HOME DISTRICT: _____

LEVEL COACHING: IP NOVICE ATOM PEE WEE BANTAM MIDGET JUVENILE

HAVE YOU EVER PREVIOUSLY TAKEN SPEAK OUT BEFORE YES / NO

ADDRESS: _____
NUMBER & STREET
CITY PROV POSTAL CODE

TELEPHONE: HOME _____ WORK _____ CELL _____

EMAIL: _____ VERY IMPORTANT FAX _____

COACHING ASSOC. OF CANADA CERTIFICATION NUMBER: CC _____ VERY IMPORTANT

CIRCLE THE CLINIC YOU WISH TO ATTEND:

- | | | |
|--|---|--|
| <p>SPEAK OUT (\$25)
22-Sep-11
6pm @ Youth Arena</p> | <p>INTRO TO COACH (\$115)
17-Sep-11
9AM @ Youth Arena Ice Times
will be announced then</p> | <p>COACH STREAM (\$185)
SEPT 9 - 10, 2011
Fri 6pm start @ Youth Arena
Ice Times T.B.A</p> |
| <p>DEVELOPMENTAL 1 (\$175)
OCT 8 & 9, 2011
SAT 8AM Start @ Youth Arena Ice
Times will be announced then</p> | <p>TRAINERS 1 (\$150)
T.B.A</p> | |

**PAYMENTS ARE TO BE PAYABLE TO B.M.H.A
MAIL TO
BROCKVILLE MINOR HOCKEY ASSOCIATION
P.O. BOX 835, BROCKVILLE ONTARIO, K6V 5W1**

IMPORTANT NOTES:

1. ALL SPOTS WILL BE TAKEN ON A FIRST COME FIRST SERVE BASIS
2. REGISTRATION MUST BE PAID IN FULL BEFORE ATTENDING
3. REGISTRATION FEES ARE NON-REFUNDABLE AFTER DEADLINE DATE. SUBSTITUTIONS ARE PERMITTED
4. NSF CHEQUES WILL BE SUBJECT TO A \$25.00 ADMINISTRATION FEE
5. RECEIPTS WILL BE ISSUED AT CLINIC.

B.M.H.A RESERVES THE RIGHT TO CANCEL THE ANY CLINIC IF THE MINIMUM NUMBER OF PARTICIPANTS IS NOT REACHED AS PER ODHA RULES

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE BMHA AT SCOTT@GOBMHA.CA