WATROUS MINOR HOCKEY ASSOCIATION BOX 926 WATROUS SK S0K 4T0

WATROUSMINORHOCKEY@OUTLOOK.COM

2018/2019 ~ TEAM STAFF FORM

HEAD COACH _____ ASSISTANT COACH _____ TRAINER _____ MANAGER _____

Initiation _____ Novice _____ Novice Female_____

Atom _____ PeeWee _____ Bantam _____ Midget _____

SHA Coach & Team Staff requirements can be found at www.sha.sk.ca/coaches/certification/team-staff-requirements

FULL NAME: _____
First Middle Last

BIRTHDATE:_____

ADDRESS:_____

PHONE:_____ EMAIL:_____

I understand that to qualify for the above positions I must have the appropriate 2018-2019 SHA certifications.

I agree to pay all fines incurred upon failing to meet SHA requirements.

_____ _____
Signature **Date**

****TEAM ROSTERS MUST BE SUBMITTED 1 WEEK BEFORE 1st SCHEDULED GAME****

FORMS CAN BE BROUGHT TO REGISTRATION NIGHT
@ HERITAGE ROOM WEDNESDAY, SEPTEMBER 12th 6:30-7:30pm *or*
MAILED or EMAILED TO WMH