



TERRACE RINGETTE ASSOCIATION
REGISTRATION for insurance AND APPLICATION FOR:
COACHES / MANAGERS / TRAINERS / REFEREES / VOLUNTEERS

NAME: _____ Today's Date: _____

ADDRESS: _____

PHONE #: Residence _____ Business: _____ Cell: _____

E-MAIL: _____ Date of Birth: _____

Please indicate what divisions and positions you are interested in volunteering for this coming season. Or the courses you are interested in taking. TRA members will be reimbursed for all courses taken.

Please fill out the courses you have taken including dates: find these courses and more at bbringette.ca

***RINGETTE COACHING COURSES:** (Please circle levels completed) **NCCP #** _____

Old Level 2 Trained Y / N Certified Y / N Date: _____

CSI (Community Sport Initiation) Trained Y / N Certified Y / N Date: _____

CI 1 (Competition Introduction 1) Trained Y / N Certified Y / N Date: _____

CI 2 (Competition Introduction 2) Trained Y / N Certified Y / N Date: _____

CIg (Introduction to Competition Gradations) Trained Y / N Certified Y / N Date: _____

CD (Competition Development (level 3)) Trained Y / N Certified Y / N Date: _____

Make ethical decisions (MED) Trained Y / N Date: _____

Speak-out/prevention in motion: _____ Date: _____

Concussion Awareness Training Tool (CATT) (www.cattonline.com): Trained Y/N Date: _____

Other: _____

Experience: (# of years coaching Ringette and the Divisions) _____

Other Coaching experience: _____

MANAGERS: Date Course Completed: _____ Certificate No. _____

Experience: _____

TRAINER's courses taken and Experience: _____

FIRST AID: (Name of Course(s) & Date of most recent Upgrade) _____

REFEREES: Date last course taken: _____ Level: _____ Certificate No. _____

Experience: _____

CRIMINAL RECORD CHECK: (good for 2 years) Y / N Date dropped off at police station: _____

GOALS / NOTES / COMMENTS: _____

RETURN TO THE COACHING DIRECTOR BY AUGUST 1st

Email: terraceringette@hotmail.com Mail: Terrace Ringette Association P.O. Box 531 Terrace, BC, V8G 4B5