



BUFFALO YOUTH HOCKEY ASSOCIATION COACHING APPLICATION

If additional room is needed, please attach additional comments.

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Mobile Phone: _____
USA CEP Number & Level: _____ E-Mail: _____

1. Coaching position desired:
Level(s): _____ Head Assistant
2. Describe your previous coaching experience.

3. Would you be willing to coach a team that your child is not on?

4. Review the attached pending ice/dry land schedule. BYHA believes this to be a critical part of long-term development. Will you support and actively participate in this development program?

5. Please list potential staff members that you would be willing to work with.

6. Please list your important Team Goals:

7. Please list your Individual Goals:



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8. What is your philosophy regarding 1st versus 2nd year players?

9. Will you participate in the fall hockey schools?

10. Willing to learn and teach a uniform terminology of systems and terms to be used from Mites through High School?

11. Are you willing to play outside District 5 at a high level (Teams that our kids will play against at the AA high school level.)?

12. Explain your discipline policy.

13. Will you use playing time to discipline?

14. Are you willing to participate in on-going skill clinics throughout the year?

15. Would you make any changes to the current tryout system? Describe.



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16. What is your philosophy on winning? Describe.

17. Are you willing to work with the high school staff on player development?

18. Will you continue taking coaching clinics?

19. Hockey is life. What other lessons are important to you. How will you communicate this to the players?

20. Will you be committed to attending in-season coaching clinics? We know the amount of time our coaches put in but feel it is important to improve all coaching in our association.

21. Please give any comments that would benefit hockey in Buffalo.

22. References

Signature: _____

Date: _____