



2018/2019 Brick Hockey Club Coaching Application

Name : _____

Address: _____

Phone # : _____ Cell Phone #: _____

Email : _____

DOB : _____

Are you currently a certified USA Hockey coach? YES / NO

If answered yes, CEP # _____

Level of certification? Level 1 / 2 / 3 / 4 / 5

USA Hockey SAFESPORT Certified? YES / NO

USA Hockey Age Specific Modules Completed _____

Previous clubs you have coached at? _____

Teams/Levels you have experience coaching at? _____

Teams/Level you are interested in coaching at the Brick Hockey Club?



Do you have a child playing at the BHC, or trying out at the BHC? YES/ NO

If you answered yes, are looking to coach your child at the BHC? YES/NO

Name of Child _____ Level _____

What experience do you have as an ice hockey player if any?

What are your goals and expectations if you are selected to be part of the coaching staff?

The Brick Hockey Club looks for our coaches to teach kids the game of hockey. Our successful coaches not only teach kids, but also maintain players and bring in players to help our program grow. If given a team, what would be your goals to develop and grow our players and our program?



All BHC coaches are professionally screened to ensure that our players learn the game of hockey in a safe environment. By completing this application you are agreeing to be screened. **Coaches Initials** _____

Please list any additional information you would like us to know when considering your application for a coaching position.
