



## Onondaga Youth Hockey Association 2024-2025 Coaching Application

Please e-mail or mail the application to:

**Dan McIntyre**  
**E:dmcint1a@twcny.rr.com**  
**Cell or Text: 315-263-5427**

**Name:** \_\_\_\_\_

1) Are you a certified USA Hockey Coach? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, at what level? \_\_\_\_\_

2) Which position(s) are you interested in?

\_\_\_\_\_ Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Either

3) Check the level you are interested in coaching. If you are willing to be considered at more than one level, please check all that apply.\*NOTE\*: Specific Firebirds teams will be determined by the Onondaga Youth Hockey Board. Coaching selections will be made for each appropriate team at each level.

\_\_\_ Mite/IP (8U)

\_\_\_ Bantam (14U)

\_\_\_ Squirt (9U)

\_\_\_ Midget Minor (15U)

\_\_\_ Squirt (10U)

\_\_\_ Midget Minor (16U)

\_\_\_ Pee wee (11U)

\_\_\_ Midget Major (18U)

\_\_\_ Pee wee (12U)

\_\_\_ Girls

\_\_\_ Bantam (13U)

\_\_\_ Other (Please Specify)

4) Previous Coaching Experience (attach additional sheets if necessary)

5) Do you have training in any of the following? \_\_\_\_Medical \_\_\_\_ CPR \_\_\_\_ First Aid

6) Why do you want to coach at Onondaga Youth Hockey (attach additional sheets if necessary)?

#### APPLICANT'S STATEMENT, AUTHORIZATION AND RELEASE OF LIABILITY

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process, are sufficient cause for my not being accepted as a volunteer or for my dismissal no matter when discovered.

I authorize Onondaga Youth Hockey Association to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give you any and all information regarding my employment, volunteer work, character, fitness and qualifications (including opinions) that they may have about me.

In consideration of the evaluation of this application by Onondaga Youth Hockey Association, I HEREBY WAIVE, RELEASE AND DISCHARGE Onondaga Youth Hockey Association, all employers, organizations, and individuals and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The NYSAHA screening process, USA Hockey Registration, USA Hockey Safesport Program, USA Hockey age specific Modules and CEP, must be completed. As soon as we receive information relative to it, we will make it available to you.**