

**Hockey Board
Coaching Application**

**Mail completed application to: LHIA, PO Box 290, Minocqua, WI 54548
Attention Coaching Committee
Applications are due by June 1**

Name _____ **Year Applying For** _____

Mailing Address _____

Home Phone _____ **Cell** _____

Email _____

Social Security number ____ - ____ - ____ **Birthday** ____/____/____

USA hockey requires all persons who have direct interaction with youth participants to have a background check. Failure to provide your SS# and DOB will void application.

Do you hold a current USA hockey coaching certification? _____

If yes, what is your level _____

Certificate number _____

When does the certification expire? _____

Have you ever played organized hockey? _____

Have you been a LHIA coach in a previous season? _____

Have you been a Hockey coach in another association? _____

If yes, what association? _____

Have you been a coach for other youth oriented athletic teams? _____

What level would you be interested in coaching? _____

Will you have a child playing at that level? _____

Would you like to be head coach _____ **assistant** _____

As a coach for the Lakeland Hawks Ice Association I agree to be bound by the rules and policies of USA Hockey, Wisconsin Amateur Hockey Association and the Lakeland Hawks Ice Association.

Signed _____ **date** _____