



_____ TEAM COACHING APPLICATION

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____ E-MAIL: _____

1. Are you a certified USA Hockey Coach?

If YES, what level?

Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐

USA Hockey Registration #: _____ Season: _____

USA Hockey CEP #: _____ Expiration Date: _____

2. USA Hockey Background Screening number [complete online at NYSAHA.com]: _____

3. Which position are you interested in coaching? Head Coach ☐ Assistant Coach ☐ Either ☐

10U ☐ 12U ☐ 14U ☐ 16U ☐ 18U ☐

If NOT selected as a Head Coach, are you willing to be an Assistant Coach?

4. Previous COACHING experience:

5. Previous PLAYING experience:

6. WHY would you like to be a coach at Center State Youth Hockey Association?

7. WHAT is your coaching philosophy?

8. HOW do you plan to improve the skills of ALL the players on your team?_____

9. HOW do you plan to utilize Assistant Coaches?

10. WHAT is your definition of a successful season?

Coaching applications will NOT be considered complete until all the following requirements are met:

1. Current USA Hockey Registration [complete online at USAHockey.com]
2. USA Hockey Background Screening [complete online at NYSAHA.com]
3. Appropriate/Current USA Hockey Coaching Education Program Level *(if a current USA Hockey CEP level is not up to date or if additional levels are required to coach at a specific level, please advise which clinic you are registered for (date & location). Coaching Clinic registration can be found online at USAHockey.com.)*

Clinic Level: _____ Date: _____ Location: _____

If submitting a coaching application for the upcoming season and Clinic dates have not yet been released by USA Hockey select the Clinic Needed Acknowledgement button below, once release you are required to complete the needed Clinics by 31 December of the coming season.

I acknowledge that I am required to complete an additional coaching clinic for the upcoming season and will complete it in accordance with USA Hockey rules.

Submission of completed Coaching Applications need to be emailed to the association at csyha.president@gmail.com by the submission date identified on the organization website annually.

I agree, if selected as a coach for the Center State Youth Hockey Association (CSYHA), to abide by all current USA Hockey and NYSAHA rules and regulations, as well as, current Center State Youth Hockey Association By-Laws and Handbook.

Signature of this form may be completed in the following ways:

1. Print then sign the form and scan the document
2. Via digital signature in the box below
3. By typing your initials in the box at the bottom and checking the I agree button.

Applicant's Signature

Enter Initials: _____ I Agree: _____

Applicant's Signature via Initials

Date

