

# DAHA COACHING APPLICATION

## YEAR 2022-2023

Please submit completed application to [PRESIDENTAHA@GMAIL.COM](mailto:PRESIDENTAHA@GMAIL.COM)

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip)

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL CONTACT: \_\_\_\_\_

COACHING CERTIFICATIONS: (What you currently have for USA Hockey Certifications)

- ☐ NONE
- ☐ LEVEL 1: Card Number \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- ☐ LEVEL 2: Card Number \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- ☐ LEVEL 3: Card Number \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- ☐ LEVEL 4: Card Number \_\_\_\_\_ Year Obtained: \_\_\_\_\_
- ☐ LEVEL 5: Card Number \_\_\_\_\_ Year Obtained: \_\_\_\_\_

USA Hockey requires that coaches either attend a Coaching Education Clinic or renew their Coaching Education Program (CEP) before December 31<sup>st</sup>. Please initial that you are willing to complete the necessary requirements as outlined on the [www.USAhockey.com](http://www.USAhockey.com) website. (initials) \_\_\_\_\_

I would like to coach the following group of players (check all that apply):

- ☐ Mini-Mite ☐ Mite ☐ Squirt ☐ Pee Wee ☐ Bantam

I would like to be: HEAD COACH / ASSISTANT COACH / EITHER ONE

Coaching Experience: List most recent coaching experience first.

Date(s)	Team & Level
_____	_____
_____	_____
_____	_____

Is your work schedule flexible for weekend games and weekly practices?

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Are you willing to implement practice plans from the ACE coordinator/coaching director? If not, why?

What is your coaching philosophy?

Please explain why you would like to coach youth hockey.