

Greeley Youth Hockey Association Coaching Application

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____ Birthday: _____
Home Phone: _____ Cell Phone: _____ E-Mail _____

Please circle / Highlight the appropriate position(s) and division(s) requesting:

<u>Division:</u>	Squirt	Peewee	Bantam	Midget
<u>Position:</u>	Head Coach	Assistant Coach		

I am only interested in coaching teams where my child(ren) is(are) placed? Y N

Coaching Experience:

Playing Experience:

Coaching Philosophy:

Other:

USA Hockey Info

USA Hockey Coaching card #: _____

USA Hockey Coaching Level: _____ Good through _____

I am attending a Level _____ class on _____.

USA Hockey Insurance Number: _____

YOU MUST REGISTER WITH USA HOCKEY, COMPLETE SAFESPORT EDUCATION, COMPLETE CONCUSSION TRAINING AND SUPPLY THE COACHING DIRECTOR WITH YOUR CONFIRMATION NUMBER PRIOR TO GETTING ON THE ICE! http://www.usahockeyregistration.com/login_input.action

To ensure you are considered, all applicants must submit your USA Hockey Coaches certification information (front and back), along with this application.

I understand if I am chosen as a coach, I will complete the background screening if my screening is not up to date.

Signature: _____ Date: _____

Hockey Director Notes: