



COACHING APPLICATION

Please return to GLYSA Coaching Director, Brian Akashian

Applications due by March 1st

NAME: _____

CELL PHONE: _____ EMAIL: _____

C.E.P. Number**: _____ **C.E.P.=USA Hockey Coaches Education Program

1. Please indicate the age group and skill level you are **most** interested in coaching.

Age Group: In House Mite Squirt Pee wee Bantam Midget

Level: A Team B Team Where my son/daughter is placed

2. Would you be willing to coach at another age group or level if needed to fill a potential coaching "void"

YES NO

If YES, please indicate your next preference _____

3. Do you currently have a USA Hockey Coaching Education Program level (C.E.P.) Certification?

YES NO Level: _____ Year Attained: _____

*If NO, you **MUST** attend the required USA hockey clinic(s) required to coach at the level you may be placed. This is required for all Head and Assistant Coaches.*

4. Do you have any coaching experience? YES NO Years of Experience _____

If YES, Age Groups _____ Levels _____ Towns _____

5. Have you played organized hockey? YES NO

If YES, Highest level _____

6. Please complete a brief paragraph outlining your coaching philosophy(why would you like to coach):

I understand that all G.L.Y.S.A. coaches MUST complete and sign a Mass Hockey C.O.R.I. form as well as complete all required USA Hockey courses including Safe Sport Certification.

Signature: _____ Date: _____