



Girls Hockey
Coaching Application for 2017-2018 Season

This application must be e-mailed or postmarked via U.S. Mail no later than April 15th, 2017 to:

CNY Bobcats Hockey Association
c/o ACE Coordinator – Scott Rey
P.O. Box 263
New Hartford, N.Y. 13414
srey2@msn.com

Applicant Name: _____ Date of Birth: _____
Home Address: _____
Phone #'s: Home: _____ Cell: _____ Work: _____

- 1) Are you a certified USA Hockey Coach? (Circle One) **Yes / No** CEP#: _____
What level? (Circle One) **MT / SQ / PW / BT / MG**
Last Year of Clinic Attended: _____ Level #: _____
Have you completed any online modules? (Circle One) **Yes / No** Which ones? _____
What is your NYSAHA screening: # _____

No one will be allowed to coach unless certified, registered, and screened through NYSAHA and/or USA Hockey. Applications will only be accepted with a valid screening number through the NYSAHA online screening process.

- 2) Which position are you interested in? (Circle One)

Head Coach / Assistant Coach / Either Head or Assistant Coach

- 3) Indicate which level are you interested in coaching? If you are willing to be considered at more than one level, please list your priority of choices by numbering 1, 2, 3, etc.

- ___ Learn To Play (LTP)
- ___ 8 U
- ___ 10u
- ___ 12u
- ___ 14u
- ___ 16 U
- ___ 19u

NOTE: HELMETS ARE MANDATORY FOR ALL COACHES.

4) Do you have training in any of the following? ____Medical ____ CPR ____ First Aid

5) Previous coaching experience (may include sports other than hockey):

6) Why do you want to coach in the CNY Bobcats Youth Hockey Association?

7) What is your coaching philosophy?

8) Provide 3 references, unrelated to you, who have observed your coaching abilities.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

APPLICANT'S STATEMENT, AUTHORIZATION AND RELEASE OF LIABILITY

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process, are sufficient cause for my not being accepted as a volunteer or for my dismissal no matter when discovered.

I authorize the CNY Bobcats Youth Hockey Association to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give you any and all information regarding my employment, volunteer work, character, fitness and qualifications (including opinions) that they may have about me.

In consideration of the evaluation of this application by CNY Bobcats Youth Hockey Association, I HEREBY WAIVE, RELEASE AND DISCHARGE CNY Bobcats Youth Hockey Association, all employers, organizations, and individuals and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature

Date

Reminder: A current and valid NYSAHA screening number must be submitted on this application. Write the number down immediately that is given to you during the online screening process put it on this application and keep it available for yourself for future use.