

MYHA 2018-19 Head Coach Application

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone (H): _____ Cell: _____ Work: _____

Current Employer and primary work schedule: _____

Current USA Hockey Certification Level and Expiration Date: _____

Completed USA Hockey Coaching Modules Completed: _____

Hockey coaching experience (or other relevant youth activity/coaching experience): _____

Hockey playing experience: _____

MYHA team interested in coaching: _____

Why do you want to coach youth hockey? _____

Why do you want to coach for MYHA? _____

I understand that being certified at an appropriate level as defined by USA Hockey is a requirement to coach with MYHA and I will fulfill this obligation. I agree to abide by all rules, policies, and procedures set forth by MYHA, USA Hockey, and MassHockey. I agree to allow MYHA to perform a CORI background check. I understand that all information will be kept confidential.

Applicant signature: _____ Date: _____

Please return completed form by March 1, 2017 to:

MYHA – Head of Coaches, PO Box 431, Methuen MA 01844

Please feel free to add a page if you need more space to provide any additional information. This Application is for Head Coaches for the 2017-18 season only. Applications for assistant coaches will be accepted at a later date.