

# Midstate Youth Hockey Association 2019-20 Coaching Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Years of players in your family: \_\_\_\_\_

USA HOCKEY Coaches Login: <https://courses.usahockey.com/public/>

A.) Have you registered yourself with USA Hockey for the 2019-2020 season? YES NO

If yes, provide confirmation number: \_\_\_\_\_

The link for registration is: [https://www.usahockeyregistration.com/register\\_form\\_input.action](https://www.usahockeyregistration.com/register_form_input.action)

B.) Do you have a USA Coaching Card? YES NO

If yes, provide the USA Hockey CEP No. \_\_\_\_\_

If yes, provide the level (e.g. Level 2) \_\_\_\_\_

C.) Have you completed the USA Hockey Safe Sport Training Module? YES NO

If yes, provide date completed: \_\_\_\_\_

The link for Safe Sport Training is: <http://www.usahockey.com/safesporttraining>

There is no fee for this module.

D.) List the USA Hockey Modules that you have completed:

Module: Season Completed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E.) Have you completed the New York Screening Process? YES NO

If yes, provide confirmation number and year completed: \_\_\_\_\_

The link for screening is: <https://ciware.commercialinvestigationsllc.com/pub/ushockey.html>

The fee for this is paid by the applicant.

**F.) Please indicate the level and if known team that you would like to coach (e.g. Pee Wee Snowbelt):**

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**G.) Do you prefer to be a head or assistant coach?**

Head Coach

Assistant Coach

No Preference

**H.) Please briefly describe why you would like to coach:**

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**I.) Please note anything else that you would like the Association to know:**

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Please e-mail your completed application and any questions to [midstaterreg@gmail.com](mailto:midstaterreg@gmail.com)