



**Amherst Hockey Association
Coaching Registration and On-Ice Participation Form**

**** Please Print ****

Date: _____

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

E-Mail Address: _____

Hockey or relevant experience: _____

What level are you interested in coaching or assisting: _____

USA Hockey Certification Level, i.e. Initiation (1), Associate (2), Intermediate (3), Advance (4):

_____ **Year highest level obtained** _____

***NOTE*: Each year prior to stepping out on the ice, AHA must have a signed waiver and a CORI form on file from all participants.**

Please return all completed coaching forms to the Vice President of Hockey Operations or the Coach-In-Chief.