



# MILTON YOUTH HOCKEY ASSOCIATION

## 2014-2015 Coaching Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

USA HOCKEY Coaching certified? (circle one)      Yes      No

If yes, what level: \_\_\_\_\_

Year expires: \_\_\_\_\_ Certification #: \_\_\_\_\_

Position applying for: (circle one)      Head Coach      Assistant Coach

If you are not picked for Head coach, would you want to be an Assistant? (circle one)      Yes      No

Do you have a child playing and at what level?

Do you wish to coach your child's team or another level?

Describe your reasons for wanting to be involved with this program and your coaching philosophy:

List your coaching experience (when, where and length):

Other coaching experiences:

**Please read carefully. Do not sign if you do not agree.**

I understand that the primary goal of Milton Youth Hockey is to develop the individual athlete's skill and character in a team setting. It is my responsibility to teach the players how to accept a loss, as well as a win, in a sportsmanlike manner and benefit from either. I accept the responsibility to teach all players respect for the game of hockey, their opponents, and officials. I understand that as a coach, I am in a special position of trust with young athletes and will set a positive example at all times. I agree to abide by rules and regulations of Milton Youth Hockey as well as USA HOCKEY. I understand failure to do so could result in forfeiture of my coaching privileges.

By signing below, I am stating that I will dedicate my efforts to promote Milton Youth Hockey, its administrators, and USA HOCKEY in a positive manner to encourage the growth of the great sport of hockey. I understand I am applying for a position that can be revoked by Milton Youth Hockey at any time.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_