



2020 Jackson Hockey Coaching Application

Put completed form in the JAHA mailbox inside the lobby doors at the Optimist Ice Arena or email completed form to jahahockey@gmail.com - Deadline 2/23/2020



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Team affiliation for 2019/2020 Season: _____ Position: _____

List your children who play hockey:

1st Child - Name: _____ Birthdate: _____ Team: _____ Location: _____
2nd Child - Name: _____ Birthdate: _____ Team: _____ Location: _____
3rd Child - Name: _____ Birthdate: _____ Team: _____ Location: _____

Please list any additional children on back of application.

Please select the position you are applying for: Head Coach: _____ Assistant Coach: _____ Off Ice Coach: _____

6U 8U 10U House 12U House 14U House 16U House JV/Prep 9U Travel (2011) 10U Travel (2010) 11U Travel (2009) 12U Travel (2008) 14U Travel (2007)
15U Travel (2006) 16U Travel (2005)

USA HOCKEY COACHING CERTIFICATION NUMBER : _____ CERTIFICATION LEVEL & EXPIRATION YEAR: _____

List your past experience playing hockey: _____

List your past coaching experience. Please include hockey as well as other sports. (Please include level, number of years, certifications)

Describe your Coaching Style: _____

The Jackson Area Hockey Association is an affiliate member of the Michigan Amateur Hockey Association and USA Hockey. As such, JAHA follows all USA Hockey/MAHA rules, polices and training requirements. JAHA expects all Coaches, Managers and Team volunteers to follow the American Developmental Model and participate in USA Hockey CEP and Safe Sport Training. Please initial that you understand and agree that if selected as a Coach for the Jackson Area Hockey

Association you will follow these guidelines. Initial: _____

HAVE YOU EVER BEEN REQUIRED TO APPEAR BEFORE A REVIEW PANEL: YES: _____ NO: _____

If Yes, please explain: _____

HAVE YOU EVER BEEN RELIEVED OF COACHING DUTIES FOR ANY REASON: YES: _____ NO: _____

If Yes, please explain: _____

WILL YOU AGREE TO SUBMIT TO A MANDATORY BACKGROUND CHECK: YES: _____ NO: _____

Please provide the names, phone number of parents whose children you have Coached:

1: _____
2: _____
3: _____

Additional documentation and referenced may be attached for reievw and consideration of the JAHA Board.

Name: _____ Signature: _____ Date: _____