



2019-2020 COACHES APPLICATION FORM

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Number of children in program: _____ Number of years in program: _____

Please check off coaching position and level desired:

Head Coach: _____ **Assistant Coach:** _____

Girls: U12 ___ U14 ___ U18 ___ **Mini Mites** ___ **Mites:** "A" ___ "B" ___ "C" ___ **Squirt:** "A" ___ "B" ___ "C" ___

Peewee: "A" ___ "B" ___ "C" ___ **Bantam:** "A" ___ "B" ___ "C" ___ **Midgets:** 1/2 (Nat.) ___ 1/2 (Non-Nat.) ___ **Full** ___

USA Hockey Coaches Education Program

Initiation Level _____

Associates Level _____

Intermediate Level _____

Advanced Level _____

Masters Level _____

Date Certification obtained _____

Previous coaching experience:

Reason for wanting to coach and coaching philosophy:

All BYHA Coaches are required to obtain the required *USA Hockey Coaches Education Program (CEP)* certification as sanctioned by the bylaws of MassHockey by the requisite annual deadline. Failure by any BYHA coach, irrespective of their knowledge and experience with the game of hockey, to obtain required certification shall forfeit their position as a coach.

By completing and signing this form, the applicant accepts the responsibility for compliance to all coaching certification requirements.

BYHA COACHING APPLICANT SIGNATURE

DATE

Please mail application to: BYHA, PO BOX 312, HYANNIS MA 02601