

Coaching Application - Ashland Youth Hockey Association

Name _____ Date of Birth _____

Address _____

Phone _____ Cell Phone _____ Email _____

Current Coaching Level (circle level)

None 1 2 3 4 Certification Date and Number _____

Coaching Experience (continue on back or another sheet if necessary)

<u>Age Level</u>	<u>Association/School</u>	<u>Location</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Years of Hockey Coaching Experience _____

Additional Hockey Training Experience (e.g. camps) _____

Other Pertinent Coaching Experience _____

Coaching Preference

Check one or both: Head coach _____ Assistant coach _____

Rank the following levels in your order of preference (1-3) for coaching this season:

MiniMite/Learn to skate _____ Squirt _____ U12 Girls _____ U19 Girls _____
Mite _____ PeeWee _____ U14 Girls _____ Bantam _____

Are you willing to adopt AYHA Policies/Programs? (circle one) Yes No

Coaching Philosophy – In the space below, briefly describe your personal coaching philosophy.

Signature _____ Date _____