

COACHING APPLICATION

DATE _____

NAME: _____

DOB: _____

ADDRESS: _____

HOW LONG AT CURRENT ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE _____

CURRENT EMPLOYER: _____

DIVISION APPLYING FOR: _____

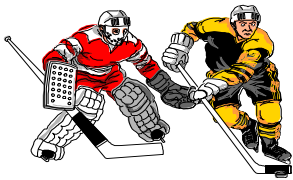
USA HOCKEY NUMBER _____ LEVEL OF COMPLETION _____

COACHING HISTORY: (PLEASE BE SPECIFIC)

HAVE YOU EVER APPLIED TO OR VOLUNTEERED OR BEEN EMPLOYED BY USA HOCKEY? _____

IF SO WHEN, WHERE AND WHICH POSITION? _____

HAVE YOU EVER BEEN ADJUDGED LIABLE FOR CIVIL PENALTIES OR DAMAGES INVOLVING SEXUAL OR PHYSICAL ABUSE? _____ IF YES EXPLAIN _____



Berlin Youth Hockey Association, Inc.

**PO Box 571
Berlin NH 03570**

WHAT IS YOUR POSITION ON THE THEORY THAT EACH PLAYER SHARES ICE TIME EQUALLY?

REFERENCES: PROVIDE NAME, ADDRESS, AND PHONE NUMBER OF THREE PEOPLE WHO ARE NOT RELATED TO YOU AND WHO DO NOT LIVE WITH YOU:

- 1 _____
- 2 _____
- 3 _____

APPLICANTS STATEMENT, AUTHORIZATION AND RELEASE OF LIABILITY

I certify that all the information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are sufficient cause for my not being accepted as a volunteer/employee or for my denial no matter when discovered.

I authorize USA Hockey to investigate all information contained in this application. The employers, organization and individuals named are authorized to give you any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they may have about me.

In consideration of the evaluation of this application by USA Hockey and Berlin youth Hockey, I HERBY WAIVE, RELEASE AND DISCHARGE USA HOCKEY, all employers, organizations, and individuals, and any other persons or entities from liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

SIGNATURE _____ DATE _____