



Saugerties Youth Hockey Association Coaching Application

2020– 2021 Season

Return this application to the SYHA President at mark.signoresyha@gmail.com no later than March 9th if interested in a coaching position for next season.

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:		Parent Coach (Y / N):	

PRIOR COACHING EXPERIENCE (list the most recent first)

Years	Club / Organization	Reference Phone #	Team Level/ Head or Assistant

USA HOCKEY COACHING CERTIFICATION LEVEL

Coaching CEP Number:		Coaching Certification Level:		Year Obtained:	
Safe Sport Certification Obtained (date)		On Line Modules Completed (circle) MT SQ PW BT MD GOALIE FEMALE ATHLETES DISABLED			
Background Screening Obtained (date)					

PLAYING BACKGROUND

Youth Hockey:	
High School:	
College:	
Other:	

TEAM APPLYING FOR

First Choice:		Third Choice:	
Second Choice:		Fourth Choice:	

APPLYING FOR A POSITION AS **Head Coach** **Assistant Coach**

If applying for Head Coach, list preferred Assistant Coaches:

REFERENCES (List three people not related to you – not required for returning coaches)

Name	Relationship/How Long Have You Known Them	Phone

Completion of this application form does not guarantee you acceptance for a position with SYHA.