

**2020-2021**  
**Jackson Youth Hockey**



**Coaching Application**  
**& Requirement Checklist**

## 2020 -21 Jackson Youth Hockey Coaching Requirement Checklist

Jackson Youth Hockey places great value, respect and appreciation upon our coaching and management staff and are grateful for the dedication and commitment to our success.

The Items below are **MANDATORY** and WILL be completed before the 2020-2021 season starts. This means that NO coach will be allowed on the ice for ANY Jackson Youth Hockey function until the checklist is finalized regardless if you have been approved to coach a team.

Coaching Application –

USA Hockey Registration – <https://www.usahockey.com/usahockeyregistration>

WAHA Background Check – <https://www.usahockey.com/backgroundscreen>

SafeSport Training – <https://www.usahockey.com/safesporttraining>  
(Training MUST be done every year)

Coaching Clinics – <https://www.usahockey.com/coachingclinics>  
(September 1<sup>st</sup> -December 31<sup>st</sup>)  
(Any coach with an EXPIRED CEP # after December 31<sup>st</sup> will be removed from the roster)

USA Hockey Age Specific Modules - <https://www.usahockey.com/agespecificmodules>  
(These MUST be completed before our registrar can add you to the Official Team Roster)

**Note:**

***Jackson Youth Hockey will reimburse all fees associated with certifications to coach in JYH.***

# Jackson Youth Hockey – Coaching Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Desired Position – Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

<u>Division</u>	(check all that apply)
8 and Under	<input type="checkbox"/>
Squirt	<input type="checkbox"/>
Pee Wee	<input type="checkbox"/>
Bantam	<input type="checkbox"/>
U19/U14 Girls	<input type="checkbox"/>
Midget	<input type="checkbox"/>



Jackson Youth Hockey is always seeking experienced coaches that have coached or have a desire to be a leader of young men and women. Having had some experience in a youth hockey organization dealing with all aspects of a team is a benefit but by no way should discourage you from becoming a coach in JYH.

All prospective coaches must complete the requirements for USA Hockey and WAHA prior participating in any team events.

#### Coaching Experience

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Head Coach \_\_\_\_\_

Assistant \_\_\_\_\_

Comments

#### Playing Experience

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Youth \_\_\_\_\_

Junior \_\_\_\_\_

College \_\_\_\_\_

Professional \_\_\_\_\_

Current USA Hockey Level Certification \_\_\_\_\_

How Many Years Have you been a Coach \_\_\_\_\_

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Explain why you would be a good candidate to coach in Jackson Youth Hockey?

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Do you have a Child/Children in Jackson Youth Hockey? If so, please indicate age and last team played for. If you do NOT have a Child/Children in Jackson Youth Hockey please circle.

***Non-Parent Coach***

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What are some of your strengths as a coach/mentor?

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What are some of your areas you could improve on as a coach?

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What is your level of commitment? Can you make 2-3 practices per week? Away games or away Tournaments?

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Are you currently in any leadership role with children? Please Describe

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How do you feel you communicate with parents?

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How do you feel you work with other coaches?

## On Ice Skill Sets

How well do you feel you can demonstrate or coach each skill set listed? Rate from 1-5. Please be honest with your answers as this will be a guide to make sure that you feel comfortable with your skill sets and we can ensure our players overall development.

1 = NOT AT ALL

5 = VERY CONFIDENT TO BE ABLE TO DEMONSTRATE/COACH

### Forward Skating

Forward Stride \_\_\_\_\_  
Inside Edges \_\_\_\_\_  
Outside Edges \_\_\_\_\_  
Forward Crossovers \_\_\_\_\_  
Starts & Stops \_\_\_\_\_  
Controlled Turns \_\_\_\_\_  
Tight Turns \_\_\_\_\_

### Backward Skating

Backwards "C" Cuts \_\_\_\_\_  
Backwards Crossovers \_\_\_\_\_

### Stickhandling

Hard & Soft Hands \_\_\_\_\_  
Control \_\_\_\_\_  
Dekes \_\_\_\_\_  
Quickness \_\_\_\_\_

### Shooting

Form and Transfer \_\_\_\_\_  
Accuracy \_\_\_\_\_  
Release \_\_\_\_\_  
Velocity \_\_\_\_\_  
Forehand \_\_\_\_\_  
Backhand \_\_\_\_\_

### Passing

Form \_\_\_\_\_  
Accuracy \_\_\_\_\_  
Receiving \_\_\_\_\_  
Forehand \_\_\_\_\_  
Backhand \_\_\_\_\_

## Off Ice - Locker Room

This portion is in reference to control of players during games, tournament's (bench management) and practices at home

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How much control do you feel you have in your locker room?

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How do you deal with locker room conflicts or issues?

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How do you feel your locker room presence is with your teams you have coached in the past?

## **Jackson Youth Hockey Coaching Requirements and Guidelines**

Sign and Date Below After Reading

If I am chosen to represent JYH I agree to follow all USA Hockey and Jackson Youth Hockey “Code of Conduct” policies.

As a coach in Jackson Youth Hockey, I am responsible for conducting myself as a positive role model for the players, parents and managers of my team I am assigned. I also acknowledge that is my responsibility to report any negative behavior from head coaches, assistant coaches, team managers, players and parents.

I also acknowledge that inappropriate behavior, negative behavior or any breach of “Code of Conduct” policies will result in disciplinary action or even removal from coaching duties. I furthermore understand that all coaches are appointed by the Executive Hockey Director and you can be terminated for any disciplinary issues or not representing Jackson Youth Hockey in a positive manner for our players.

If accepted to coach in Jackson Youth Hockey I will agree to adhere to all MANDATORY USA Hockey coaching classes.

I agree to submit my USA Registration, WAHA Background Screening, SafeSport Certification and USA Age Specific in a timely and prompt manner to Jackson Youth Hockey. Failure to do so can result in suspension or removal from coaching within JYH.

I certify that all the information I have provided is true and accurate to the best of my knowledge. I also understand that providing false or inaccurate information will disqualify me from further consideration as a candidate to coach within Jackson Your Hockey.

With my signature below, I give Jackson Youth Hockey the permission to investigate all information regarding my background in considering my application for a coaching position. I hereby waive, release and forever discharge Jackson Youth Hockey, its board members, directors and staff from any liability for damages that may result in compliance with this authorization.

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Applicant Signature

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Date