



Coaching Application

PLEASE PRINT NEATLY

Name _____ Home Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip _____
E-mail _____

Date of Birth ___/___/___ Current Hockey Cert. Level ___ Cert. Number _____ Expiration Date _____

Years of Hockey Coaching Experience _____

2018-2019 Team Coached _____

Circle which position(s) you are applying for: Head Coach Assistant Coach

Circle which team(s) you are applying for: Mites - Squirt – Pee Wee - Bantam - Midgets

List your children who play ice hockey?

Name _____ Hockey Age _____ Date of Birth _____/_____/_____

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Which of your children will be playing for the Jets?

State your past coaching experience (Teams, Levels, Number of years, etc.)

State your past hockey playing experience (Teams, Levels, Number of years, etc.)



ALL COACHES WILL BE REQUIRED TO WEAR HELMETS FOR ALL ON ICE FUNCTIONS.

ALL COACHES WILL BE REQUIRED TO ATTAIN THE PROPER LEVEL OF CERTIFICATION.

All coaches are expected to comply with all ON / OFF ice coaching responsibilities as established by Lynn Youth Hockey, Mass Hockey and USA Hockey.

A background (CORI) check is required. Will you allow a Cori check? YES NO

Signature _____

Date ____/____/____

Please mail completed application to: Lynn Youth Hockey
P.O. Box 8001
Lynn, MA 01904
or e-mail to: bboisson@lynnyouthhockey.com

Please feel free to attach any additional information you believe is relevant and/or helpful