

# Olean Area Youth Hockey Association

## Coaching Application

All applications must be received by March 1 for the following season

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you applying as Head Coach \_\_\_\_\_ or Assistant Coach \_\_\_\_\_

Which level?    Mini Mites \_\_\_\_\_    Mites 8U \_\_\_\_\_    Squirt 10U \_\_\_\_\_  
                    Peewee 12U \_\_\_\_\_    Bantam 14U \_\_\_\_\_    Midget 16U \_\_\_\_\_

Hockey Coaching Experience:

Certification Level: \_\_\_\_\_ CEP# \_\_\_\_\_ Date Issued: \_\_\_\_\_

Other Coaching Experience:

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References:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal History: Please list and disciplinary action that has been taken against you. This would include any suspensions as a youth coach or actions outside sports such as a felony conviction.

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Remarks: Please list any comments you would like to make that may aid your application:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_