

Sparta Youth *Ice Hockey*

P.O. Box 723, Sparta NJ, 07871

spartahockey@hotmail.com

<http://usahockey.com/spartahockey>

SPARTA YOUTH ICE HOCKEY COACHES APPLICATION

COACH'S LAST NAME _____ COACH'S FIRST NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

LEVEL REGISTERING FOR (CIRCLE ONE): MITE SQUIRT PEEWEE BANTAM

PARENT/GUARDIAN OF PLAYER? Y/N PLAYER'S NAME _____

USA HOCKEY ICE CERTIFICATION LEVEL: _____ SEASON CERTIFIED _____

USA HOCKEY ICE COACHING ID #: _____ SOCIAL SECURITY # _____

SUMMARIZE ICE HOCKEY COACHING EXPERIENCE:

SUMMARIZE ICE HOCKEY PLAYING EXPERIENCE:

SUMMARIZE INLINE COACHING AND/OR PLAYING EXPERIENCE:

AVAILABILITY (DAYS OF WEEK AND TIMES) _____

I understand that SYIH requires that all coaches be USA Hockey certified and that SYIH expects that all coaches have sufficient ice hockey skills to be capable of correctly demonstrating on-ice skating, puck handling, passing, and various other individual and team techniques appropriate to the age and skill level of the players being coached. Further, I understand that the SYIH board of directors has the power to immediately remove any coach who fails to abide by any and all SYIH or USA Hockey coaching policies. I understand that by signing this application I am not assured a SYIH coaching position; positions are assigned after consideration of all applications and final team rosters.

DATE: _____ SIGNATURE: _____
