


CHARLESTOWN YOUTH HOCKEY ASSOCIATION

COACHING APPLICATION

	Charlestown Youth Hockey Association PO Box 712 Charlestown, MA 02129		2010 – 2011 Season	
			<input type="checkbox"/> Head Coach	
			<input type="checkbox"/> Assistant Coach	
Please Print All Information Clearly				
Coach's Name:		E-mail Address:		
Address:		Home Phone:		
City:		Work Phone:		
Zip Code:		Cell Phone:		
Please circle the best way to reach you: email – home – work - cell				
Do You Have Children Playing in Charlestown Youth Hockey?				
Child's Name		Child's Team		Date of Birth
Check Program Preference & Level (may check more than one)				
Mite	A <input type="checkbox"/>	Squirt	A <input type="checkbox"/>	Pee Wee
	B <input type="checkbox"/>		B <input type="checkbox"/>	A <input type="checkbox"/>
	C <input type="checkbox"/>			B <input type="checkbox"/>
				Bantam
				A <input type="checkbox"/>
				B <input type="checkbox"/>
				Midget
				1/2 <input type="checkbox"/>
				full <input type="checkbox"/>
				Girls
				U10 <input type="checkbox"/>
				U12 <input type="checkbox"/>
				U14 <input type="checkbox"/>
Coaching Certification:				
Level:		Date Obtained:		
Coaching Experience:				
Organization		Team		Position
				From Date to Date
Hockey Experience:				
References:				
Name			Phone	
Authorization:				
Will you allow a CORI check by CYHA?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or suspended from any hockey or other sports program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature			Date	
Please Mail To:		CYHA PO Box 712 Charlestown, MA 02129		Email Questions to: Fax: feedback@cyha.com 617-507-5559

All Head Coaches are required to have current USA Hockey Level 3 Coaching Certification. All Assistant Coaches must become Level 3 patched by Dec 31st. by signing this application, you are acknowledging that you understand and agree to abide by the Coaching Certification policy set forth by the CYHA Board of Directors.