# Clifton Park Youth Hockey Association

## Coaching Application 2016-2017

Name_____

Address_____

Phone :_____(H)

Phone:_____(W,C)

E-mail:_____

Desired Head Coaching Position: _____

USA Hockey Coaching Certificate Level (Circle One):

None Level 1 Level 2 Level 3 Level 4 Level 5

Card#_____

Date Completed: _____

Coaching Experience: Fill out below or attach your coaching history

| Year | Association | Age class | Level | Position |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please describe your experience in hockey as a coach and or player:

Why do you want to coach at CPYHA?

What do you believe are the most important aspects of coaching youth Hockey?

What do you believe CPYHA can do collectively to improve coaching at CPYHA?

As a coach of CPYHA I agree to abide by the rules, regulations, by-laws and policies of USA Hockey, NYSAHA and CPYHA.

_____ _____

Signature Date

Additional Information (forms available at www.cliftonparkyouthhockey.com)

- Please photocopy the front and back sides of your CEP card on one piece of paper and attach to this form.

- Please attach completed USA Hockey Waiver of Liability Form.
- Please add any other information you feel is necessary to describe your qualifications on a separate page.
- Complete NYS Screening **on line** with NYSAHA and submit number to ACE of CPYHA if not completed within last 3 years.

Email application to a_kummu@yahoo.com