



**Glenwood Springs Youth Hockey Association**

P.O. Box 576  
Glenwood Springs, CO 81602  
970.366.7311  
www.GrizzlyHockey.com



**Grizzly Hockey Coaching Application 2018 - 2019**

<b>Name</b>	<b>Occupation</b>
<b>Address</b>	<b>Company</b>
(City)	(State) (Zip)
<b>Home Phone</b>	<b>USA Hockey Coaching Certified? Y <input type="checkbox"/> N <input type="checkbox"/></b>
<b>Work Phone</b>	<b>If Yes, Level:</b>
<b>Cell Phone</b>	<b>Certification #:</b>
<b>Fax #</b>	<b>Year of Certification:</b>
<b>E-mail</b>	

**Position Applied For:**

<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach
<input type="checkbox"/> Travel	<input type="checkbox"/> Recreation

**Please check your preferred Age Division:**

<b>Division</b>	<b>Birth Years</b>	
8U Mite//P/	2009-2011	<input type="checkbox"/>
Girls/Boys Rec	2005-2008	<input type="checkbox"/>
Squirt	2007-2008	<input type="checkbox"/>
Pee Wee	2005-2006	<input type="checkbox"/>
Bantam	2003-2004	<input type="checkbox"/>
Midget	1999-2002	<input type="checkbox"/>

Do you have a child currently playing in the Grizzly Hockey organization? \_\_\_\_\_  
 If yes, what is his/her name? \_\_\_\_\_  
 Age Division \_\_\_\_\_  
 Is it your desire to coach his/her team? \_\_\_\_\_

**Describe your reasons for wanting to be involved in a program of this nature and your coaching philosophy:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Coaching Experience:

**TEAMS** When: \_\_\_\_\_  
(Months) (Year/s)

Where: \_\_\_\_\_  
(Team/Association) (City)

When: \_\_\_\_\_  
(Months) (Year/s)

Where: \_\_\_\_\_  
(Team/Association) (City)

**Other Coaching Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read carefully. DO NOT SIGN IF YOU DO NOT AGREE.**

I understand that the primary goal of Glenwood Springs Youth Hockey Association is to develop the individual athlete's skill and character in a team setting. It is my responsibility to teach the players how to accept a loss, as well as a win, in a sportsmanlike manner and benefit from either. I accept the responsibility to teach all players respect for the game of hockey, their opponents and officials. I understand that as a coach, I am in a special position of trust with young athletes and will set a positive example at all times. I agree to abide by the rules and regulations of the Glenwood Springs Youth Hockey Association as well as USA Hockey and understand that failure to do so could result in forfeiture of my coaching privileges.

By signing below, I am stating that I will dedicate my efforts to promote Glenwood Springs Youth Hockey Association, its administrators and USA Hockey in a positive manner to encourage continued growth of the great sport of youth ice hockey. I understand that I am applying for a position that can be revoked at any time by the Glenwood Springs Youth Hockey Association.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return completed form to: T.K. Kwiatkowski, Executive Director of Hockey  
tk@gsyha.org  
970.366.7311

(For Office Use)

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Applicant Accepted

Applicant Not Accepted

**ASSIGNED TO:** Program \_\_\_\_\_  
Division \_\_\_\_\_ (Interviewer's Signature)  
Position \_\_\_\_\_  
Team \_\_\_\_\_ (Date)

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

