

**CLARENCE MUSTANGS YOUTH HOCKEY
COACHING APPLICATION 2018 - 2019**



Return this form to:
Clarence Mustangs
C/O John Thur

9334 Pinyon Court

Clarence Center, NY 14032

Or email clarencemustangshockey@gmail.com

Coaching Registration & Authorization: (ALL PARTS OF THIS FORM MUST BE FILLED IN AND SIGNED!!!)

Last Name: _____ First Name: _____ Initial: _____ Date of Birth: _____

Street: _____ City/State: _____ Zip: _____

Home # _____ Cell # _____

Email Address: _____

Are you presently registered with USA Hockey? _____

USA Hockey Coaching Education: Level _____ CEP # _____ Expiration Date _____

Are you currently a coach with Clarence Mustangs? If so, what team? _____

Coaching Position: *(Please circle all that apply):* Head Coach Assistant Coach Manager Helper

2018-2019 Division (Mite minor, Squirt major, etc.) you are applying for: _____

Signature: _____ Date: _____

AUTHORIZATION

I assume all risks and hazards incidental to such participation, including transportation to and from such activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Clarence Mustangs, the organizers, supervisors, sponsors, participants, for any claim arising out of an accident or injury to myself, except to the extent and in the event covered by accident and/or liability insurance held by the Clarence Mustangs Organization. Upon request, I agree to return any uniform(s) or other equipment issued to myself in as good condition as when received, normal wear and tear accepted. I agree not to permit the use of the uniform or other equipment in any activity not sponsored by the Clarence Mustangs.

I also state that: (Please initial)

_____ I coached for Clarence Mustangs last year and at that time filled in a screening application.

_____ I coached somewhere else or didn't coach, if so attached is my Screening information form in a sealed envelope.

Additional copies of this form and other information can be found at www.clarencemustangs.com