



MMHA Coaching Application | 2019-2020

Name: _____
(Last) (First) (M.I)

Address: _____
(Street) (City, State) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Coaching Experience: List most recent coaching experience.

Date(s)	Team & Level	Year	Association

USA Hockey Coaching Certification Level: _____ Expiration Date: _____

Age Specific Module Completed: _____

If you currently have children playing youth hockey, what level will they be in the 2019-2020 season?

I would like to coach the following group of players:

- | | | | |
|----------|--------|--------|---------|
| Mosquito | Mite | Squirt | Pee Wee |
| Bantam | Midget | Girls | |

I would like to be the following:

- | | | |
|------------|-----------------|--------------|
| Head Coach | Assistant Coach | Other: _____ |
|------------|-----------------|--------------|

Have you been convicted of any crime (felony or misdemeanor) or do you have any charges currently pending against you? _____

Are there any child protective proceedings currently being investigated against you or do you have any findings of Abuse or Neglect? _____

Are there any Orders of Protection currently issued against you? _____

As a coach of MMHA, I agree to abide by the rules, regulations, by-laws and policies of USA Hockey, NYSAHA and MMHA. Any disregard of any of these rules, regulations, by-laws and policies will be grounds for _____ immediate dismissal as a coach.

Initial _____

I certify, with my signature, that all information provided by me in this application is true to the best of my knowledge. I understand that false or misleading statements made by me of any kind in the application process are sufficient cause for my coaching application to be dismissed no matter when discovered.

Signature

Date