

COACHING APPLICATION

MORA AREA YOUTH RECREATION ASSOCIATION

2018-2019 HOCKEY SEASON



Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City, State, Zip: _____	Email Address: _____

Level Applying For:			
<input type="checkbox"/> Mites	<input type="checkbox"/> Squirts	<input type="checkbox"/> Pee wee	<input type="checkbox"/> Bantam
<input type="checkbox"/> Girls 10U	<input type="checkbox"/> Girls 12U	<input type="checkbox"/> Girls 15U	

Position Applying For: _____
<i>Assistant or Head Coach</i>
Have you attended a Coaching Education Program (CEP) meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what CEP Level have you obtained? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Date of Certification: _____ CEP Number: _____
List your coaching experience(s) and position(s): _____
List your hockey background, training, level(s) and years of experience: _____
List your child(ren) and level(s) for the 2016-17 season:
Recommendation for other coaching staff:

Reference 1: _____	Phone: _____
Reference 2: _____	Phone: _____

Required prior to coaching:			
<input checked="" type="checkbox"/> MN Hockey Background Screening	<input checked="" type="checkbox"/> USA Hockey Registration	<input checked="" type="checkbox"/> USA Hockey Modules	<input checked="" type="checkbox"/> USA Hockey Safe Sport
<input checked="" type="checkbox"/> USA CEP Certification			

Please return your completed application to Bill Swan: billswan@yahoo.com