

Devils Lake Blue Line Club

Coaching Application
2025-2026 Hockey Season

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL ADDRESS	

CIRCLE POSITION YOU ARE INTERESTED IN					
Head Coach	Assistant Coach	No Preference			
CIRCLE LEVEL YOU ARE INTERESTED IN COACHING					
Termite	Mite	Squirt	PeeWee	Bantam	Girls 12U/10U
DO YOU HAVE A CHILD PLAYING AT THE SELECTED LEVEL?					
No	Yes				

CURRENT USA HOCKEY COACHING CERTIFICATES					
None	Level 1	Level 2	Level 3	Level 4	Level 5

EMPLOYER AND WORK SCHEDULE

HOCKEY AND OTHER YOUTH ACTIVITY COACHING EXPERIENCE

HOCKEY PLAYING EXPERIENCE

DESCRIBE YOUR COACHING PHILOSOPHY (TEAMWORK, WINNING, DISCIPLINE, ICE TIME, ETC.)

I understand that being certified at an appropriate level as defined by USA Hockey is required to be a coach for the Devils Lake Blue Line Club and I will fulfill this obligation. I agree to abide by all rules, policies, and procedures set forth by the Devils Lake Blue Line Club, the North Dakota Amateur Hockey Association, and USA Hockey.

USA Hockey requires all volunteers and employees who have routine access to children to consent to be screened by the North Dakota Amateur Hockey Association. I agree to allow the North Dakota Amateur Hockey Association to perform a criminal history background check. I further agree that the information contained in the background check will be used by the Devils Lake Blue Line Club, in its sole discretion, to determine whether I am eligible to coach youth hockey.

SIGNATURE	DATE

Return application to Alex Olson, Coaching Coordinator, at acolson_4@hotmail.com.