

Missoula Area Youth Hockey Association Coaching Application



NAME: _____ BIRTH DATE: _____

ADDRESS: _____ ZIP: _____

HOME PH: _____ BUS PH: _____ E-MAIL: _____

SOCIAL SECURITY #: _____
(For USA Hockey Mandatory Background Check)

ASSIGNMENT REQUESTS:
(When making selection of desired position, please keep in mind that we are trying to assign coaches to one position only)

TRAVEL SQUIRT - 9 & 10 yr. Olds	HEAD _____	ASST _____
PEEWEE - 11 & 12 yr. Olds	HEAD _____	ASST _____
BANTAM - 13 & 14 yr. Olds	HEAD _____	ASST _____
HIGH SCHOOL	HEAD _____	ASST _____
U-14 GIRLS	HEAD _____	ASST _____
U-19 GIRLS	HEAD _____	ASST _____

HOUSE LEAGUE (circle) TERMITE MITE SQUIRT
PEEWEE U-14 GIRLS
BANTAM/HIGH SCHOOL HOUSE
INSTRUCTIONAL PROGRAM

Are you willing to accept an assignment other than those requested? Yes ____ No ____

Continued on other side

COACHING HISTORY (please describe your coaching history and identify community, sport, year, level):

COACHING EDUCATION (please describe all coaching education including coaches clinics attended, USA Hockey Coaching Levels completed, etc):

COACHING PHILOSOPHY (Please provide a brief outline of your coaching philosophy)

PLAYER DEVELOPMENT (Please describe your approach to player development and skill improvement, i.e. practice format, practice emphasis, etc.)

COMMENTS OR QUESTIONS

I have read and will comply with:
(Please initial all that apply)

1. USA Hockey Rules, Regulations & Philosophy _____
2. MAYHA Mission, Rules and Philosophy _____
3. Coaches Code of Conduct & Responsibilities _____

I understand that if I violate any of the standards set forth by the MAYHA Board of Directors I may be subject to immediate suspension or dismissal as a coach in the MAYHA. I further understand that coaching is a privilege and not a right, and I may be dismissed without cause. I also understand that a records check through the Missoula Police Department will be conducted on me to determine if any criminal convictions have been proven against me. I expressly consent to this records check. The purpose of such a check is to assist in providing for the welfare protection of the youth under my care as a coach.

Signature _____ Date _____

Please contact Gary Jahrig, youth hockey director, with any questions: 406.880.9007 or gary@glaciericerink.com