

Vernon Youth Hockey

P.O 680 , McAfee N.J 07428

vernonyouthhockey.com

VERNON YOUTH ICE HOCKEY COACHES APPLICATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

HOME PHONE _____ CELL _____ E-MAIL _____

LEVEL REGISTERING FOR (CIRCLE ONE) MITE SQUIRT PEEWEE BANTAM

PARENT/GUARDIAN OF PLAYER Y/N PLAYERS NAME _____

USA ICE HOCKEY CERTIFICATION LEVEL _____ SEASON CERTIFIED _____

USA COACHING ID # _____ SOCIAL SECURITY # _____

SUMMARIZE ICE HOCKEY COACHING EXPERIENCE _____

SUMMARIZE ICE HOCKEY PLAYING EXPERIENCE _____

AVAILABILITY (DAY OF THE WEEK AND TIMES) _____

I understand that VYH requires that all coaches be USA Hockey certified and that VYH expects that all coaches have sufficient ice hockey skills to be capable of correctly demonstrating on-ice skating, puck handling, passing and various other individual and team techniques appropriate to the age and skill level of the players being coached. Further, I understand that the VYH board of directors has full power to immediately remove any coach who fails to abide by any and all VYH or Usa Hockey coaching policies. I understand that by signing this application I am not assured a VYH coaching position: Postitions are assigned after consideration of all applications and final team rosters

DATE _____ SIGNATURE: _____