



2015-2016 Everett Youth Hockey (EYH) Coaching Application

Return to: EYH General Manager
c/o Everett Silvertips Hockey Club
2000 Hewitt Ave., Suite 100
Everett, WA 98201



First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Preferred Contact Phone: _____
Preferred E-Mail address: _____
Date of Birth: Month: _____ Date: _____ Year: _____
Occupation: _____

Hockey Coaching Experience:

Number of years coaching: _____ Head Coach: _____ Assistant Coach: _____

List your most recent hockey coaching experience:

Describe your coaching philosophy (use back side of this form if necessary):

Describe your coaching goals (use back side of this form if necessary):

USA Hockey Coaching Certification

| <u>USA Hockey Coaching Education</u> | <u>CEP Card #</u> |
|--------------------------------------|-------------------|
| Level _____ | _____ |

Indicate Head Coach or Assistant Coach next to the division you wish to coach.

| <u>USA Hockey Division</u> | <u>Head Coach</u> | <u>Assistant</u> | <u>With whom you would like to coach</u> |
|----------------------------|-------------------|------------------|--|
| 6u Mighty-Mite | | | |
| 8u Mite | | | |
| 10u Squirt | | | |
| 12u Pee Wee | | | |
| 14u Bantam | | | |
| 18u Midget | | | |

All EYH Coaching candidates are subject to USA Hockey screening

All EYH coaching applicants must read and understand the below statements, then sign and date this application.

- I understand that this form represents my desire to coach with EYH as a volunteer youth hockey coach and is not a binding contract.
- I understand that I am not guaranteed my preferred or any coaching position.
- I understand that I may withdraw my EYH coaching application at any time prior to the official EYH assignment of coaching positions for the current season.

Signature: _____ Date: _____