

Winchester Youth Hockey

Coaching Application 2020-2021 Hockey Season

Name: _____ Phone: _____
Email: _____ DOB: ____/____/____ Work
Phone: _____ Cell: _____
Address: _____

How many children do you have in the WYH program? _____

What levels will they be for the 2020-2021 season? (**circle all that apply**)

Learn to Play Hockey Mite Squirt

Pee Wee Girls U18 Bantam Midget Girls U8 Girls U10 Girls U12 Girls U14

Youth Hockey Coaching Experience:

Personal Hockey Experience:

Other Youth Sports Coaching Experience:

CPR certified: Yes No **Safe Sport** course **completed**: Yes No Date: _____

USA Hockey **Coaching** Certification Completed:

Date of Certification:

CEP Number: _____

Highest Level Completed: _____ Age Specific Modules Completed:

Coaching assignment(s) desired for the 2020-2021 season:

USA Hockey Certification is required for all coaches. If you are not currently certified you will be required to achieve the appropriate level by December 31, 2020

Were you a WYH coach in the 2019-2020 season? Yes No Head Coach Assistant Coach (circle)

If so, what team(s) and level(s) _____

Return this form to:

Mike Burns: mdburns12@yahoo.com

Questions please contact: Mike Burns mdburns12@yahoo.com or Dan O'Connell at dannyoc1@verizon.net