



Chautauqua County Youth Hockey Association
Boys & Girls Travel/House Coaching Application

Name _____ DOB _____

Address _____

Home Phone _____ Phone 2 _____ Email _____

Please indicate which division you are interested in coaching? Are you applying as HEAD COACH or ASSISTANT?

TRAVEL: (Mite) (Squirt) (Pee-Wee) (Bantam) (Midget Minor) (Midget Major) (J.V.) (SW/MG) (J.A.V.)
HOUSE: (Mite) (Squirt) (Pee-Wee) (Bantam) (Girls)

***Take note – the C.C.Y.H.A. will not necessarily field all of these teams. Your interest will be a factor in decisions made by the C.C.Y.H.A. Board of Directors in deciding how many teams to field in the House & Travel Programs.*

Hockey Coaching Experience: Please include any factors that may help aide the Coaches Selection Committee.

Current Certification Level _____ **ID #** _____ **Date Issued** _____

Hockey Playing Experience:

References:

Name _____ Phone _____ Name _____ Phone _____

Selection of Coaches requires: acceptance of USA HOCKEY Coaches Code of Conduct and Chautauqua County Youth Hockey Association Policies; background screening information; appropriate training; open communication with parents. Interviews may be required for applicants. Attach any additional information relevant to your application to this form.

Signature _____

Today's Date _____

Please return application to C.C.Y.H.A.'s Coaching Coordinator.

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