

South Suburban Family Sports Center

6901 S. Peoria St.

Centennial, CO 80112-4127

ARAPAHOE YOUTH HOCKEY

2009-2010 Coaching Application

Name	Occupation
Address	Company
(City)	(State) (Zip)
Hm Phone	USA Hockey Coaching Certified? Y <input type="checkbox"/> N <input type="checkbox"/>
Wk Phone	If Yes, Level:
Cell Phone	Certification #:
Fax #	Year of Certification:
E-mail	

Position Applied For: Head Coach
 Assistant Coach

Please check your preferred Age Division:

<u>Division</u>	<u>Birth Years</u>	
A/B	2003-2004	<input type="checkbox"/>
C/D	2001-2002	<input type="checkbox"/>
Squirt	1999-2000	<input type="checkbox"/>
Pee Wee	1997-1998	<input type="checkbox"/>
Bantam	1995-1996	<input type="checkbox"/>
Midget	1991-1994	<input type="checkbox"/>

Do you have a child currently playing in the Arapahoe Youth Hockey League? ____
If yes, what is his/her name? _____
Division _____
Is it your desire to coach his/her team? _____

Describe your reasons for wanting to be involved in a program of this nature and your coaching philosophy: _____



South Suburban
PARKS AND RECREATION

Coaching Experience:

TEAMS When: _____
(Months) (Year/s)
Where: _____
(Team/Association) (City)
When: _____
(Months) (Year/s)
Where: _____
(Team/Association) (City)

Other Coaching Experience: _____

Please read carefully. DO NOT SIGN IF YOU DO NOT AGREE.

I understand that the primary goal of Arapahoe Youth Hockey is to develop the individual athlete's skill and character in a team setting. It is my responsibility to teach the players how to accept a loss, as well as a win, in a sportsmanlike manner and benefit from either. I accept the responsibility to teach all players respect for the game of hockey, their opponents and officials. I understand that as a coach, I am in a special position of trust with young athletes and will set a positive example at all times. I agree to abide by the rules and regulations of the Arapahoe Youth Hockey League as well as USA Hockey and understand that failure to do so could result in forfeiture of my coaching privileges.

By signing below, I am stating that I will dedicate my efforts to promote Arapahoe Youth Hockey, its administrators and USA Hockey in a positive manner to encourage continued growth of the great sport of youth ice hockey. I understand that I am applying for a position that can be revoked at any time by the Arapahoe Youth Hockey League, which is administered by South Suburban Family Sports Center.

Name _____ Date _____
Signature _____

Please return completed form to: Arapahoe Youth Hockey
6901 S. Peoria St.
Centennial, CO 80112-4127
FAX: (303) 706-9608

(For Office Use)

Interview Date: _____ Time: _____ Applicant Accepted
Applicant Not Accepted

ASSIGNED TO: Program _____
Division _____ (Interviewer's Signature)
Position _____
Team _____ (Date)

Comments: _____

