



Clifton Park Youth Hockey Coaching Application

2023-2024

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:		Parent Coach (Y / N):	Yes No

TEAM APPLYING FOR

Team		Position:	
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USA HOCKEY COACHING CERTIFICATION

Coaching Card Number:		Coaching Certification Level:		Year Obtained:	
Safe Sport Certification Obtained (date)		Age Modules Completed 8U 10U 12U 14U 16U			
Background Screening Obtained (date)					

**COACHING EXPERIENCE: FILL OUT BELOW OR ATTACH YOUR COACHING HISTORY
(List Most Recent First)**

Year	Association	Age class	Level	Position

PLEASE DESCRIBE YOUR EXPERIENCE IN HOCKEY AS A COACH AND/OR PLAYER:

WHY DO YOU WANT TO COACH AT CPYHA?

WHAT DO YOU BELIEVE ARE THE MOST IMPORTANT ASPECTS OF COACHING YOUTH HOCKEY?

WHAT DO YOU BELIEVE CPYHA CAN DO COLLECTIVELY TO IMPROVE COACHING?

Signature Date