

# 2011-12 Coaching Application



## **BAYSTATE – GRIFFIN YOUTH HOCKEY**

### **ATTENTION: COACHES**

Please complete the following application if you are interested in coaching a BSG team for the 2011-12 season.

No individual will be assigned a team for the 2011-12 season without a completed application.

The Bay State-Griffin Youth Hockey Association reserves the right to decline any sole applicant in any given age group. No individual will be assigned without the approval of the Bay State-Griffin Youth Hockey Association Board.

This can be done by either:

- Updating the application in Word and emailing it to;  
slindgren@charter.net
- Mailing it to the organization at:  
Bay State-Griffin Youth Hockey  
Attn: Coaching Applications  
PO Box 235  
Auburn MA 01501.



# 2011-12 BSG Hockey Association Coaching Application

**CONTACT INFORMATION**

Name: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone

E-mail:

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**TEAM SELECTION**

Please rank in choice of preference (i.e. 1 being first choice, 2 second choice, etc.):

Mite		HEAD __	ASST __
Squirt		HEAD __	ASST __
Peewee		HEAD __	ASST __
Bantam		HEAD __	ASST __
Midget		HEAD __	ASST __

**USA HOCKEY COACHING CERTIFICATION (Please fill out applicable areas)**

Level	CEP Number	Year Expires (yy-yy)
Level 1 (Initiation)		-
Level 2 (Associate)		-
Level 3 (Intermediate)		-
Level 4 (Advanced)		-
Level 5 (Masters)		-

**COACHING EXPERIENCE (please list 4 most pertinent to requested positions):**

<b>Years (yy-yy)</b>	<b>Association</b>	<b>Team (i.e. Squirt)</b>	<b>Position ( i.e.Head)</b>
-			
-			
-			
-			

If selected as a coach, I agree to abide by the rules set forth by the Bay State-Griffin Youth Hockey Association, North Star Hockey League and the USA Hockey Association. I further certify that all of the information provided in this application is accurate. I understand that if I violate any of the standards set forth by the Bay State-Griffin Youth Hockey Association Board of Directors, I may be subject to immediate suspension or dismissal as a coach in the Bay State-Griffin Youth Hockey Association. I further understand that coaching is a privilege and not a right. I also understand that a records check will be conducted on me to determine if any criminal convictions have been proven against me. I expressly consent to this records check. The purpose of such a check is to assist in providing for the welfare protection of the youth under my care as a coach.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
Type name if submitted via email