



Douglas Youth Hockey Association
 PO Box 235
 Douglas, WY 82633
www.douglasicecats.org



TO: Coaching Applicants
 FROM: DYHA Board
 DATE: September 15, 2008

We are beginning to plan for the 2008-2009 season. Providing quality coaches is one of DYHA's primary goals.

Mission Statement: "The Douglas Youth Hockey Association (DYHA) is dedicated to the continuous education and development of its hockey membership into quality players, coaches and fans, and seeks to build a spirit of community and camaraderie through the fostering of good sportsmanship in a competitive environment."

New coaches must complete the long form application as well as the USA Hockey Disclosure Statement required for background checks.

DYHA returning coaches need only complete the short form. You do not submit to a background check as long as one was completed last season.

Completing and submitting the coaching applications now will allow us to do a better job of planning the number of teams for this fall. The completed forms should be completed now and mailed to the following:

Douglas Youth Hockey Association
 PO Box 235
 Douglas, WY 82633

Or emailed to Jason Marcus at jasonmmarcus@gmail.com

(A signed form must be on file as well)

It is MANDATORY that ALL coaches (including assistants) be USA Hockey certified. The coaching requirements for each age bracket and competitive level are listed below.

Coach	Minimum USA Hockey Requirements
Mini Mite	Level 1
Mite	Level 1
Squirt	Level 1 & 2
Peewee	Level 1 & 2 & 3
Bantam	Level 1 & 2 & 3
Midget	Level 1 & 2 & 3
Girls	Level 1 & 2 & 3

We will try to notify you of upcoming coaching classes in area as they become available. **However, it is every applicant's responsibility to secure the proper accreditation through USA Hockey.** You may check directly with USA Hockey at <http://www.usahockey.com> for more information.



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2008-2009DYHA COACHING APPLICATION (long form)

All **NEW** coaches must complete this form for the 2008 -2009 season. Returning coaches may use short form.

Name: _____	Address: _____
City: _____	State: _____ Zip: _____
Birth date _____	Social Security # _____
Home Phone: _____	Work Phone: _____
Fax: _____	E-mail: _____
CEP #: _____	

Best way to reach you (circle one) Home Work Fax E-mail

_____ I have read and understand the requirements of coaching per USA Hockey rules.

COACHING CLINICS ATTENDED (check all that apply):

_____ USA HOCKEY Initiation Program (Date/Location):	_____
_____ USA HOCKEY Associate Clinic (Date/Location):	_____
_____ USA HOCKEY Intermediate Clinic (Date/Location):	_____
_____ USA HOCKEY Referee Clinic (Date/Location):	_____
_____ USA HOCKEY Advanced Clinic (Date/Location):	_____
_____ OTHERS:	_____

COACHING REQUEST

LEVEL :

_____ Mini-Mite/Mite
_____ Squirt
_____ Peewee
_____ Bantam
_____ Midget
_____ Girls

POSITION:

_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant



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Have you coached in any capacity for another organization? _____

If Yes to the above, please list the organizations, Levels (i.e. Mite, High School, etc.), Division (i.e. House, Travel A, Travel AA, etc.) and years coached at each

Your Hockey Playing Experience (Level, Division, Location, House, Travel, etc.-- **INCLUDE TOTAL YEARS**):

Your Philosophy (and Approach) of Coaching Youth Sports:

Applicant's Signature: _____ Date: _____

All applicants submit to background checks as required by USA HOCKEY

RETURN APPLICATION TO: DYHA
P.O. Box 235
Douglas, WY 82633
Or Jason Marcus at jasonmmarcus@gmail.com

	FOR DYHA USE
Application Received: _____	
Application Recorded/Reviewed: _____	
Disposition: _____	