



Kankakee Youth Hockey Club Coaching Application		
Season	Fall Spring	Year

Return this application to the Coyote Committee Chair or KYHC Secretary by no later than August 13th if interested in a coaching position this Fall season.

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:		Parent Coach (Y / N):	

PRIOR COACHING EXPERIENCE (list the most recent first)

If returning KYHC coach – enter the word “Returning” and leave section blank

Years	Club / Organization	Reference Phone #	Team Level/ Head or Asst

USA HOCKEY COACHING CERTIFICATION LEVEL

Coaching Card Number:		Coaching Certification Level:		Year Obtained:	
Safe Sport Certification Obtained (date):		On Line Modules Completed 8U/Mite 10U/Squirt 12U/Peewee 14U/Bantam			
Background Screening Obtained (date):					

PLAYING BACKGROUND

Youth Hockey:	
High School:	
College:	
Other:	

TEAM/LEVEL APPLYING FOR:	
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APPLYING FOR A POSITION AS:

<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach
<input type="checkbox"/> Parent Coach – Player Name: _____	<input type="checkbox"/> Non-Parent Coach

REFERENCES (List three people not related to you – not required for returning coaches)

Name	Relationship/How Long Have You Known Them	Phone

Completion of this application form does not guarantee acceptance for a coaching opportunity with the KYHC. The opportunity to coach is subject to the results of a background check, prior coaching feedback and after evaluation of your application by the KYHC Board.