



2012-2013 California Wave Hockey Club Coaching Application

I am interested in coaching the California Wave at _____EWIP _____Ontario

CONTACT INFORMATION

Name: _____

DOB (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone

Home: _____

Work: _____

Cell: _____

E-mail: _____

Home: _____

Work: _____

Please indicate the level and position you are most interested in

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):

Years (yy-yy)	Association	Team (i.e. Squirt)	Position (i.e.Head)
-			
-			
-			
-			

Any other information or skills that will help you in your desired position:

Important:

If selected as a coach, I agree to abide by the rules set forth by the California Wave Hockey Club, Southern California Amateur Hockey Association, California Amateur Hockey Association 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 California Wave Hockey Club Board of Directors, I may be subject to immediate suspension or dismissal as a coach in the California Wave Hockey Club. 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: _____