



RECREATIONAL PROGRAM COACHING APPLICATION

Please submit (with required additional forms) to:
AHA, P.O. Box 202069, Anchorage, AK 99520-2069

Name: _____

Date of Birth: _____

Mailing Address: _____

City: _____ Zip: _____ E-Mail: _____

Phone Hm: _____ Wk: _____ Cell: _____

Division Preference for 2009-10 Season: _____

Last Team Coached: _____

Other Coaching Experience: _____

Playing Experience: _____

Are you currently registered for an adult league hockey team? _____

If so, which league? _____

Indicate current USA Hockey Coaches Education Certification Level & Year (check all levels attained and list year achieved):

None: Level 3 (Inter.): Year: _____

Level 1 (IP): Year: _____ Level 4 (Adv.): Year: _____

Level 2 (Assoc.): Year: _____ Level 5 (Master): Year: _____

USA Hockey Coaching Education Certification Number: _____

(please complete items on reverse side of this form)

Why are you interested in a coaching position in AHA's Recreational Program?

Briefly describe your idea of a "perfect season" for a recreational youth hockey team:

AHA's policy requires equal playing time for each player on a recreational team regardless of skill or talent levels. Will you comply with this policy if you are selected to coach an AHA recreational team?

Yes / No (circle one)

If selected as an AHA Recreational Program Coach, I will support and adhere to all policies, guidelines, rules, and bylaws of Anchorage Hockey Association. I understand that failure to comply may result in disciplinary actions up to and including removal from any coaching position.

I attest that there is nothing in my background that would disqualify or prohibit me from association with children. I understand that the Anchorage Hockey Association will be conducting background screenings for the 2009-10 season as required by the Alaska State Hockey Association.

Signed: _____ Date: _____
