

**Fond du Lac Blue Line Club
Coaching Application**

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home phone: _____

Cell phone: _____

Email Address: _____

Check what age division you desire to coach:

Intro _____

Mini-Mite _____

Girls U12 _____

Mite _____

Squirt _____

Girls U14 _____

Pee Wee _____

Bantam _____

Midget _____

High School _____

Check what position you desire:

Head Coach: _____

Assistant Coach: _____

**Do you have a child participating in the age division
you would like to coach?**

Yes

No

Number of years coaching at desired age level: _____

Number of years coaching Hockey: _____

Did you ever play organized hockey: _____

What was the highest level of hockey you played last: _____

List prior coaching experience

List your coaching philosophize concerning the following:

Individual Playing Time:

Discipline:

Parents Concerns:

You may attach additional sheets to describe your philosophize if the above space is to small

Do you have basic First Aid and Defibrillator Training: Yes No

If you are trained, what is your certificate number: _____

Current USA Hockey Coaching Certificate Number: _____

Level Current Completed: 1 2 3 4

Note: Please see the attached WAHA coaching requirements and Clinics. In order to coach you must meet all WAHA requirements per coaching level. Fond du Lac Blue Line reimburses for all coaching clinic fees