

Everest Youth Hockey Coaching Registration Form

Updated 8/31/2010

***** Registration Deadline is October 1st 2010 *****

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

E-mail: _____

Date of Birth: _____ (Must include date of birth for background check)

Coaching Level by Preference: 1st, 2nd, 3rd

Mini Mite: _____ Mite In-House: _____ Mite Travel: _____ Squirt: _____

PeeWee: _____ Bantam: _____ Girls: _____ Goalies: _____

Head Coach: _____ Assistant Coach: _____

Do you have a child registered in EYH? YES – NO (circle one)

Childs Name: _____ Level: _____

Current USA Hockey Coaching Certifications Held:

None _____ Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____ Level 5 _____

USA Hockey Coaching Cert. # _____ Expiration Date: _____

Coaching/Playing Experience:

Coaching Philosophy:

This year there will be a mandatory Coaching Meeting September 28th at Greenheck. There will be 1 hour off-ice and 1 hour on-ice. Please make every effort possible to attend this meeting. We will be reviewing the USA Hockey ADM Model and practice plans. More information will be posted on this meeting as the times are confirmed.

Please Read, Sign, and Date:

Everest Youth Hockey will not authorize or sanction in any of its programs that it directly controls any volunteer who has routine access to kids who refuses to consent to be screened by Everest Youth Hockey.

I hereby certify that all of the information I have provided in this application is true and accurate and can be used for the purpose of a screening or background check. I understand that any false or misleading statements I provide may be cause for Everest Youth Hockey to refuse acceptance of this application. I HEREBY WAIVE, RELEASE AND DISCHARGE Everest Youth Hockey, its individuals, and any other person or entity from all liability and damages, except liability for willful or intentional acts, that may result from compliance or attempts to comply with this authorization.

Signed: _____ **Date:** _____

Return completed Registration Forms to:

EYH Coaching
Attn: Mike Wasmundt
9506 Woodland Dr.
Weston, WI 54476