

Mount Clemens Hockey Association

TRAVEL TEAM APPLICATION

2012/2013 Hockey Season

Please mail this application by
February 1st

Mt. Clemens Ice Arena Attn: MCHA
200 North Groesbeck Hwy.,
Mt. Clemens, MI 48043
Or

Put in Kathy Carosella's mail box in Rink 1

Submitted: _____
Interviewed: _____

League Division - TRAVEL

Please Circle

Squirt A (03)	Squirt AA (02)	Pee Wee A (01)
Pee Wee AA (00)	Bantam A (99)	Bantam AA (98)
Midget A (96/97)	Midget AA (94/95)	Girls 10 & Under
Girls 12 & Under	Girls 14 & Under	Girls 16 & Under
Girls 19 & Under		

Note: All coaches and managers must be approved by the MCHA Board of Directors, obtain the appropriate coaching level certification, and are required to complete the USA Hockey/MAHA Background Screening Form at the time of rostering.

As a Head Coach, it is understood that;

1. That the MCHA Executive Board, prior to inclusion and/or addition to the teams' staff, must approve all coaches/managers. Should a change (addition or deletion) be required to the coaching staff, the President must be notified in writing. Any changes are subject to MCHA Board approval.
2. All coaches must have the appropriate coaching level certification as required by MAHA and USA Hockey for the applicable age/division level being coached.
3. A team checking account is to be opened in the team name. Monthly financial statements are to be provided to the parents of the team and a copy is to be forwarded to the MCHA Director of Hockey Operations. All records are to be available to the parents.
4. Insure that prompt payment is made for all ice bills, registration fees, and other team financial commitments. As Head Coach/Manager, you are liable for the payment of all contracted ice fees for the entire hockey season.
5. Uniforms and equipment furnished by MCHA is the responsibility of the Head Coach/Manager. It must be returned in clean condition on the date appointed by the MCHA Board.
6. All members of the coaching staff are to complete the applicable MAHA Coaching Ethics Code Agreement along with the MAHA STAR Program Code of Conduct.
7. All parents are to complete the applicable MAHA STAR Program Parent Code of Conduct Agreement and the applicable USA Hockey and MAHA rostering/registration documents.
8. All participants are to complete the applicable MAHA STAR Program Code of Conduct Agreement.
9. That travel teams will be assigned ice during the months of April, May, June, July & August, and that it is my responsibility to skate this ice and pay for it accordingly. This can be done through clinics, summer scrimmages, drop in skates, or any other method I choose, so long as USA Hockey Insured players of approximate equal age and talent level participate in activities run by a USA Hockey certified coach that I've appointed.
10. I will abide by the Mt. Clemens Hockey Association By-Laws and roster a minimum of 75% of my travel team from players who've played in the MCHA during the previous season.
11. I agree, along with my team; to support and participate in all MCHA activities, abide by all the rules and by-laws of the Mt Clemens Hockey Association, and will follow the direction and policies of the MCHA Board of Directors. I will abide by all Michigan Amateur Hockey Association and USA Hockey rules. I understand that any falsification of information or failure to adhere to the above outlined conditions could be cause for immediate suspension or dismissal.

Head Coach Applicant's Signature _____ Date: _____

MCHA President Approval: _____ Date: _____

HEAD COACH

GENERAL INFORMATION		
Name:		
Address:		
City:	State:	Zip:
Home Ph:	Work Ph.:	Cell Ph.:
E-Mail:		Fax:
Coach Cert Level:		Year Acquired:
Latest Hockey Experience		
Association and Responsibility:		
Year:	Team:	Level:
Association:		
Other Youth Hockey Experience (Associations, Teams, Levels, Responsibilities)		
Hockey Playing Experience: <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, where and when:		
What is your coaching Philosophy/Mission?		
Has the above named ever been suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, explain:		

MANAGER

GENERAL INFORMATION		
Name:		
Home Ph:	Work Ph.:	Cell Ph.:
E-Mail:		Fax:
Coach Cert Level:		Year Acquired:
Latest Hockey Experience		
Association and Responsibility:		
Year:	Team:	Level:
Association:		
Other Youth Hockey Experience (Associations, Teams, Levels, Responsibilities)		
Other Managing Experience: <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, where and when:		
Has the above named ever been suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, explain:		

Assistant Coach

GENERAL INFORMATION		
Name:		
E-Mail:		Phone:
Coach Cert Level:		Year Acquired:
Latest Hockey Experience		
Association and Responsibility:		
Year:	Team:	Level:
Association:		
Other Playing and Coaching Experience (Associations, Teams, Levels)		
Has the above named ever been suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, explain:		

Assistant Coach

GENERAL INFORMATION		
Name:		
E-Mail:	Phone:	
Coach Cert Level:	Year Acquired:	
Latest Hockey Experience		
Association and Responsibility:		
Year:	Team:	Level:
Association:		
Other Playing and Coaching Experience (Associations, Teams, Levels)		
Has the above named ever been suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, explain:		

Assistant Coach

GENERAL INFORMATION		
Name:		
E-Mail:	Phone:	
Coach Cert Level:	Year Acquired:	
Latest Hockey Experience		
Association and Responsibility:		
Year:	Team:	Level:
Association:		
Other Playing and Coaching Experience (Associations, Teams, Levels)		
Has the above named ever been suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES, if so, explain:		