



SHAW Coach/Assistant Application Form

Do Not write in this area. For Office use only

Season: _____
Level: _____
Team: _____
Coach: _____
Assistant: _____

NAME: _____	Social Security # _____
ADDRESS: _____	City: _____ Zip: _____
Email: _____	
Driver's License Number: _____	
Phone #: _____	Cell Phone #: _____ Date of Birth: _____

If you have children skating with SHAW this season, indicate their name/level or check NONE **None**

NAME	LEVEL	Birth Date
1)		
2)		
3)		
4)		

I'd like to COACH...
Please indicate level, division, coach or assistant and preference (1,2,3,)

Level	Division: A,B,C	Coach/Assist	Preference
Mini Mite	N/A		
Mite			
Squirt			
Peewee			
Bantam			
High School			
Girls			
"Devos"	N/A		
Ice Chips	N/A		

USA Hockey Certifications
Please check any certification you have. Include the year you attended the certification clinic.

Level	Year
Level 1: _____	
Level 2: _____	
Level 3: _____	
Level 4: _____	
Level 5: _____	

I plan on attending a clinic this season:
Level: _____ Date: _____

If you have coached or assisted for SHAW previously, please indicate the year and team below:

Coached	Assisted	Season	Level	Team

Other relevant experience: _____

Other experience working with children/youth: _____

I have read all enclosed materials and agree to the Coach's Code of Conduct. I understand that my presence or that of my designee is required at all Coaches' meetings. I agree to hold myself responsible in all matters and to take responsibility for my team, or my team's head coach. I will abide by all rulings made by my association in matters that arise during the season.

(signature) _____ Date: _____