



Coach / Team Manager Application

1	Position applying for <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Manager	Level <input type="checkbox"/> In-house <input type="checkbox"/> B <input type="checkbox"/> A
	Age class <input type="checkbox"/> Initiation/Learn to skate <input type="checkbox"/> Cross-ice <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget	

2	First name	M.I.	Last name	Birth date
	Mailing address		Home phone #	Work phone #
City	State	Zip	E-mail address	

3	Coaching experience Total years	Age class previously coached (<i>select all that apply</i>) <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> JV/Varsity <input type="checkbox"/> Juniors/College <input type="checkbox"/> Pro		
	Are you currently USA Hockey certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, at what level?	USA Hockey coach certification #	
Have you ever played? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest level played <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> JV/Varsity <input type="checkbox"/> Juniors/College <input type="checkbox"/> Pro			

4	Do you presently have children in a youth hockey program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What level does your child play? <input type="checkbox"/> In-house <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA
	Is your child interested in playing for the Penguins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	What age class does your child participate? <input type="checkbox"/> Cross-ice <input type="checkbox"/> Mite <input type="checkbox"/> Squirt <input type="checkbox"/> Pee wee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget

5	References (2 required)		
	Name	Relationship	Phone #

6	A requirement of the Pottstown Penguins and USA Hockey is to maintain a valid coaching certificate issued by USA Hockey. A Level 1 (Initiation) coaching certificate is acceptable for Mites. A minimum Level 2 (Associate) certification is required for Squirts, and Level 3 (Intermediate) for Pee wee and above. I understand that it is my responsibility to maintain the necessary certification from USA Hockey in order to coach or manage a Pottstown Penguins Youth Hockey Club team.	
	<input type="checkbox"/> I agree to maintain current USA Hockey certification.	<input type="checkbox"/> I am <u>not</u> willing to obtain USA Hockey certification.

7	NOTE: All Head Coaches, Assistant Coaches, Athletic Trainers and Team Managers will need a background check as required by USA Hockey. If you are not willing to agree to these requirements, please do not fill out this application. By signing below I hereby acknowledge that the Pottstown Penguins Youth Hockey Club, Inc. will issue a USA Hockey Background Screening form for me to fill in and sign prior to my participation in the program.	
	Applicant Signature	Signature Date