

Winchester Youth Hockey
Coaching Application 2015-2016 Hockey Season

Name: _____ Phone: _____
Email: _____ DOB: ____/____/____
Work Phone: _____ Cell: _____
Address: _____

How many children do you have in the WYH program? _____

What levels will they be at for the 2015-2016 season? (circle all that apply)

Learn to Play Hockey Mite Squirt Pee Wee Bantam
Girls U8 Girls U10 Girls U12 Girls U14 GirlsU18 Midget

Youth Hockey Coaching Experience: _____

Personal Hockey Experience: _____

Other Youth Sports Coaching Experience: _____

CPR certified: Yes No **Safe Sport course completed:** Yes No Date: _____

USA Hockey Coaching Certification Completed:

Date of Certification: _____
CEP Number: _____
Highest Level Completed: _____ Age Specific Modules Completed: _____

USA Hockey Certification is required for all coaches. If you are not currently certified you will be required to achieve the appropriate level by December 31, 2015

Coaching assignment(s) desired for the 2015-2016 season: (circle all that apply)

Learn to Play Hockey Mite Squirt Pee Wee Bantam Midget
GirlsU8 GirlsU10 GirlsU12 GirlsU14 GirlsU18
Head Coach Assistant Coach

Were you a WYH coach in the 2014-2015 season? Yes No Head Coach Assistant Coach (circle)
If so, what team(s) and level(s) _____

Return this form to:
Brendan Monahan brendan.monahan@marsh.com
40 Calumet Road
Winchester, MA. 01890

Questions please contact: Brendan Monahan 617-877-5744 or Dennis Nigro 781-844-7722