

**Winchester Youth Hockey**  
**Coaches' Application 2011-2012 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 2011-2012 season?**

In House    Learn to Play Hockey    Mite    Squirt    Pee Wee  
Bantam    Midget    Girls U10    Girls U12    Girls U14    GirlsU16/19

**Youth Hockey Coaching Experience:** \_\_\_\_\_

\_\_\_\_\_

**Personal Hockey Experience:** \_\_\_\_\_

\_\_\_\_\_

**Other Youth Sports Coaching Experience:** \_\_\_\_\_

\_\_\_\_\_

**CPR certified** Yes No      **First Aid course** Yes No

**USA Hockey Certification Completed:** Initiation Associate Intermediate Advanced Master

Date of Certification: \_\_\_\_\_

CEP Number: \_\_\_\_\_

***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, 2011***

**Desired Level for the 2011-2012 season: (circle all appropriate items)**

Learn to Play    In House    Mite    Squirt    Pee Wee  
Bantam    Midget    GirlsU10    GirlsU12    GirlsU14    Girls U16/19  
Head Coach    Assistant Coach

**Were you a WYH coach in the 2010-2011 season?** Yes No

If so, what team and level \_\_\_\_\_

Head Coach    Assistant Coach

Return this form to:

**John Addonizio**

**38 Brooks St.**

**Winchester, MA. 01890**

Any questions please contact:  
John Addonizio or Chris Parker