



**APPLICATION FOR COACHING  
LANE AMATEUR HOCKEY  
ASSOCIATION  
2011-2012 Season**

**A. COACHING APPLICANTS CONTACT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Apartment or Unit Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**B. LEVEL OF CURRENT USA HOCKEY COACHING CERTIFICATION:**

Will obtain CEP Level 1 by December 31<sup>st</sup>

Level 1 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level 2 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level 3 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level 4 Card Number \_\_\_\_\_ Expiration Date (No Expiration Date)

Level 5 Card Number \_\_\_\_\_ Expiration Date (No Expiration Date)

Note:

- a) A copy of the front and backside of the coaching card must accompany this application.
- b) Certification that expire in 2011 must be renewed by December 31, 2011 in order for a Coach to continue after January 1, 2012.
- c) LAHA will assist in finding and supporting CEP certification

**C. Do you intend to coach for the 2011/2012 season?**     YES    NO

**D. What age group are you interested in coaching?** Please indicated all that apply in order of preference with "1" being first.

- Learn to Skate / Skill Development Clinics
- Mite 8 and under years
- Squirt 10 and under
- Pee wee 12 and under
- Bantam 14 and under
- High School Team

**E. Coaching Position Preference:**

- Head Coach
- Assistant Coach
- Strength and Conditioning Coach
- Off-Ice Skills Coach

**F. Why did you choose this level to coach?**

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**G. Who would you like to coach with this season?**

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Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Is there anyone you would prefer to not coach with this season?**

- YES     NO

If yes, please list and explain

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**I. Have You Been A LAHA Coach in the Past?** ( ) YES ( ) NO

If Yes, How long have you Coached with LAHA? \_\_\_\_\_ seasons.

**J. Please describe other coaching experiences you have had:**

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**L. Supplemental Questions:**

**1.** Do you currently have a child(ren) playing in LAHA?

( ) Yes ( ) No - IF YES:

Name

Current playing level

_____	_____
_____	_____
_____	_____

**M. If there anyone you know of that may be interested in coaching?**

( ) YES ( ) NO

If yes, please provide their name, address & phone number

1. _____	2. _____
_____	_____
_____	_____

Tel. \_\_\_\_\_

Tel. \_\_\_\_\_

## **Coach's Code of Conduct:**

I understand, as a coach, I am committed to treating all participants fairly and equitable, without regard to race, religion, gender, or national origin. I will strive to assemble teams in a fair and equitable manner in accordance with LAHA guidelines. I will work to afford all participants, opportunities to achieve their highest level of competition. I understand that I must set a good example for my players, parents and fans. I will respect the decision of officials, administrators and other coaches, even if I do not agree with their decision. I understand that my role is to teach and encourage my players and that I should refrain from yelling, humiliating, or swearing at my players. I understand that LAHA has zero tolerance for any kind of violence or threat of violence. Any such act will result in my immediate expulsion as a coach. I will respect and take care of all facilities, equipment, or uniforms under my supervision. I agree to arrive at practice or games in a timely manner. I commit to remain after games or practices until the last child is picked up. I agree to have another adult accompany me into the locker room any time there is a lone player (other than my own child) in the locker room. I agree that all players, coaches or other on-ice or bench personnel must be currently registered for the current hockey season with USA Hockey and is to be a player, coach, or volunteer in good standing.

### **APPLICATION SIGNATURE AND DATE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your Background Screening Data Sheet and results along with the Coaches Application will be reviewed by the LAHA Coaches Committee. Coaches Committee recommendations will be reviewed by the Board of Directors with final coaching approval and assignment by the LAHA Board of Directors.

**Applications must be postmarked by Tuesday, March 15, 2011.** Late applications may not be considered for review.

#### **Please mail completed application to:**

Lane Amateur Hockey Association

P. O. Box 50211

Eugene, OR 97405-0973