



Colorado Springs Amateur Hockey Association



Coaching Application – 2010-11 Season Travel / House / 8 & Under (circle all that apply)

Form must be completely filled out

Last Name: _____ First Name: _____ MI: _____
 Date Of Birth: ____/____/____ (MM/DD/YYYY) Sex: M F
 Address: _____
 City: _____ State: _____ Zip Code: _____ - _____
 Home Phone #: ____ - ____ - ____ Work Phone #: ____ - ____ - ____
 Cell Phone #: ____ - ____ - ____ E-Mail Address: _____
 USA Hockey Credentials: IP ____ Associate ____ Intermediate ____ Advanced ____ Masters ____
 CEP# _____ Year _____ (i.e. 01/08)

** USA Hockey requires that all coaches obtain certain certifications to coach youth hockey. If you do not have the proper certification or are not sure if you have the proper certification, please logon to the CAHA website at <http://caha.pucksystems2.com/> for a list of the required certifications for the level you want to coach. You will also find information about upcoming coaching clinics in the area.

*** If you are preliminarily selected to coach for CSAHA for the 2010-11 season, you will need to logon on to the CAHA webpage to receive your CAHA# by registering with OTTERPLAY. DO NOT register with CAHA until you have been chosen as a coach. Once you register with CAHA, you will receive a confirmation number that you will need to give to your team manager to turn into the association.

**** You will also be required to complete the standard CSAHA Coaches Contract and have it reviewed and executed by the authorized CSAHA Officer before your selection is complete.

*****As in years past, all coaches must be registered with USA Hockey. CSAHA will pay for your USA Hockey registration if you are selected as a coach.

***** Please attach a statement regarding your coaching experience, playing experience and youth hockey philosophy.

Please answer the following questions:

What would you like to be considered for? Head Coach _____ Assistant Coach _____

Which program would you like to coach in? House _____ Travel _____ 8 and Under _____

What level would you like to coach? List 1-3 in priority order

5/6 year olds ____ 7/8 year olds ____ Squirt ____ PeeWee ____ Bantam ____ Midget ____

Did you coach last season? Yes _____ No _____

If yes, what team and where: _____

Do you have children in CSAHA? Yes _____ No _____

If yes, are they in House or Travel and what age level: _____

Coaching Application Packages Must Include Completed:

- 1) Consent to Treat Form
- 2) Statement regarding hockey experience and philosophy
- 3) CSAHA Coaching Contract

Email Jim at hockey_director@csaha.com for all coaching questions.

Mail Complete Coaching Application Package to:

Jim Haverstrom, Hockey Director
 CSAHA
 c/o Randle W. Case II, Registered Agent
 102 E. Pikes Peak Ave., Suite 201
 Colorado Springs, CO 80903