



Dubuque Youth Hockey Association (DYHA) Coaching Application Form

Introduction: All DYHA coaches must fill out and sign this application. If selected as a Coach and you have not already done so, you will be required to obtain USA Hockey Coaching Certification AND attend periodic DYHA coaching meetings. USA Hockey requires completion of: a) a Coaching Education Program (CEP) class (results in coaching card), b) one or more age-specific online modules, c) USA Hockey SafeSport training, and d) a DYHA online background screening. While the guidelines have made it easier for coaches to become involved at all levels, you must be able to commit to all of the requirements. Please do not apply if you cannot commit to all of them. Any questions, please contact our Coaching Director via email at chad.remakel@gmail.com.

PLEASE FILL OUT FORM COMPLETELY - ALL INFORMATION IS NECESSARY

Personal Information:

Last Name _____ First Name _____ MI _____
Address _____
Birthdate _____ Gender ☐ Male ☐ Female
Phone (Home) _____ (Cell) _____
Email _____

Coaching Intentions:

☐ Head Coach ☐ Assistant Coach ☐ Specialty/On-Ice Coach _____
(goalie, power skating, etc.)

Note: Head Coaches will determine their Assistants based on approval by the DYHA Board of Directors

Travel Teams:

☐ Little Saints ☐ Mites ☐ Squirts ☐ Peewees ☐ Bantams ☐ Girls ☐ Highschool
☐ "A" ☐ "B" ☐ "C" ☐ Any Level

House League Teams:

☐ Upper House (Squirts, Peewees, Bantams) ☐ Lower House (Little Saints, Mites)

Coaching Certifications:

This section is in regards to the USA Hockey Coaching Education Program (CEP).

If you are a new coach to USA Hockey and have not participated in the CEP, check or 'X' next to CEP Level 0.

CEP Level ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

CEP # _____

CEP Expiration _____

Age-Specific Modules Completed ☐ Mite ☐ Squirt ☐ Peewee ☐ Bantam ☐ Midget ☐ Disabled

Comments:

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Coaching/Playing Experience:

Playing Experience (check all that apply)

<input type="checkbox"/>	None		
<input type="checkbox"/>	High School/Midget	(where) _____	Year(s) _____
<input type="checkbox"/>	College	(where) _____	Year(s) _____
<input type="checkbox"/>	Beyond College	(where) _____	Year(s) _____

Comments:

Coaching Experience

<u>Position</u>	<u>Level</u>	<u>Organization</u>	<u>Year</u>

Other Related Experience

Additional Comments

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Questions:

Have you registered with USA Hockey as a coach for the upcoming season? If yes, enter registration #: _____

**** Note: You will be required to register with USA Hockey before you can go on the ice. ****

Did you coach in the DYHA last season? ☐ Yes ☐ No

If yes, what team and what capacity? _____

Do you want to coach with the same team this season? ☐ Yes ☐ No ☐ Doesn't Matter
☐ Wherever my child ends up

Is/Are there any coach(es) you prefer to coach with? _____

Is/Are there any coach(es) you prefer NOT to coach with? _____

Have you ever been suspended or disciplined from any youth hockey program or game? ☐ Yes ☐ No

If yes, please explain:

NOTE: All coaches are subject to a mandatory background check per USA Hockey

**** Review attached Dubuque Youth Hockey Association Coach's Code of Conduct and sign below acceptance thereof ****

I certify with my signature that all information provided by me in this application is true and to the best of my knowledge. I understand that false or misleading statements made by me of any kind in the application process are sufficient cause for my coaching application to be dismissed no matter when discovered. Further, I authorize the Dubuque Youth Hockey Association to investigate all information contained in this application.

I have read and accept the attached Dubuque Youth Hockey Association Coach's Code of Conduct and agree to abide by them.

Signature: _____ Date: _____
(Application void without signature)

****Email completed form to chad.remakel@gmail.com****