



Geneseo Youth Hockey

Home of the Livingston Blues

COACHING APPLICATION

2008 - 2009 SEASON

NYSAHA requires a background check. You must consent to a background check.

NAME _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ Last 4 digits of SS# XXX-XX-_____
PHONE (H) _____ (C) _____
E-MAIL ADDRESS _____

LEVEL CHOICE: MITE A ___ B ___ MH ___ BANTAM T ___ A ___ B ___
SQUIRT T ___ A ___ B ___ MIDGET T ___ A ___ B ___
PEE WEE T ___ A ___ B ___

DO YOU HAVE A CHILD PLAYING? _____ CHILD'S NAME _____ CHILD'S DOB _____
CHILD'S LAST LEVEL OF PLAY _____ ORGANIZATION _____

COACHING EXPERIENCE:

POSITION _____ LEVEL _____ ORGANIZATION _____

POSITION _____ LEVEL _____ ORGANIZATION _____

POSITION _____ LEVEL _____ ORGANIZATION _____

ICE HOCKEY PLAYING EXPERIENCE: HIGHEST LEVEL _____ ORGANIZATION _____

TRAINING:

CERTIFICATION LEVEL _____ CEP NUMBER _____ DATE ISSUED _____

FIRST AID COURSE/DATE? _____ CPR COURSE/DATE? _____

REFERENCES: NAME _____ PHONE _____

NAME _____ PHONE _____

SIGNATURE _____ DATE _____

Place completed application in the ACE Coordinator's mailbox at the rink. (Jeff Curry)

Questions? Call Jeff Curry at 335-7373 or 245-3358

If you feel there is additional information, which is relevant, please attach information to application.

**PLEASE SUBMIT COMPLETED APPLICATIONS NO LATER THAN
FEBRUARY 28th FOR ALL COACHING POSITIONS**