



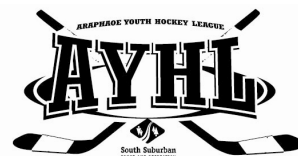
**South Suburban Family Sports Center**

6901 S. Peoria St  
Centennial, CO 80112  
303-708-9500 x 218  
Fax: 303-706-9608

www.sspr.org

www.ayhl.com

iceoffice@sspr.org



<b>Name</b>	<b>Occupation</b>
<b>Address</b>	<b>Company</b>
(City) (State) (Zip)	
<b>Hm Phone</b>	<b>USA Hockey Coaching Certified? Y <input type="checkbox"/> N <input type="checkbox"/></b>
<b>Wk Phone</b>	<b>If Yes, Level:</b>
<b>Cell Phone</b>	<b>Certification #:</b>
<b>Fax #</b>	<b>Year of Certification:</b>
<b>E-mail</b>	

Which phone number would you like to be given to the team? \_\_\_\_\_

Which email would you like to be given to the team? \_\_\_\_\_

**Position Applied For:** ☐ Head Coach ☐ Assistant Coach  
☐ Travel (does not apply to Summer)  
☐ Recreation

**Please check your preferred Age Division:**

<u>Division</u>	<u>Birth Years</u>	
A/B	2004-2005	<input type="checkbox"/>
C/D	2002-2003	<input type="checkbox"/>
Squirt	2000-2001	<input type="checkbox"/>
Pee Wee	1998-1999	<input type="checkbox"/>
Bantam	1996-1997	<input type="checkbox"/>
Midget	1992-1995	<input type="checkbox"/>

**Do you have a child currently playing in the Arapahoe Youth Hockey League? \_\_\_\_**

**If yes, what is his/her name? \_\_\_\_\_**

**Division \_\_\_\_\_**

**Is it your desire to coach his/her team? \_\_\_\_\_**

**Describe your reasons for wanting to be involved in a program of this nature and your coaching philosophy: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Coaching Experience:

<b><u>TEAMS</u></b>	When:	_____	_____
		(Months)	(Year/s)
	Where:	_____	_____
		(Team/Association)	(City)
	When:	_____	_____
		(Months)	(Year/s)
	Where:	_____	_____
		(Team/Association)	(City)

**Other Coaching Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Please read carefully. DO NOT SIGN IF YOU DO NOT AGREE.**

I understand that the primary goal of Arapahoe Youth Hockey is to develop the individual athlete's skill and character in a team setting. It is my responsibility to teach the players how to accept a loss, as well as a win, in a sportsmanlike manner and benefit from either. I accept the responsibility to teach all players respect for the game of hockey, their opponents and officials. I understand that as a coach, I am in a special position of trust with young athletes and will set a positive example at all times. I agree to abide by the rules and regulations of the Arapahoe Youth Hockey League as well as USA Hockey and understand that failure to do so could result in forfeiture of my coaching privileges.

By signing below, I am stating that I will dedicate my efforts to promote Arapahoe Youth Hockey, its administrators and USA Hockey in a positive manner to encourage continued growth of the great sport of youth ice hockey. I understand that I am applying for a position that can be revoked at any time by the Arapahoe Youth Hockey League, which is administered by South Suburban Family Sports Center.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

**Please return completed form to:** Arapahoe Youth Hockey  
6901 S. Peoria St.  
Centennial, CO 80112  
FAX: (303) 706-9608

(For Office Use)

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Applicant Accepted ☐  
Applicant Not Accepted ☐

<b><u>ASSIGNED TO:</u></b>	Program	_____	_____ (Interviewer's Signature)
	Division	_____	
	Position	_____	
	Team	_____	
		_____	(Date)

**Comments:** \_\_\_\_\_