



Douglas Youth Hockey Association
 PO Box 235
 Douglas, WY 82633
www.douglasicecats.org



TO: Coaching Applicants
 FROM: DYHA Board
 DATE: September 15, 2008

We are beginning to plan for the 2008-2009 season. Providing quality coaches is one of DYHA's primary goals.

Mission Statement: "The Douglas Youth Hockey Association (DYHA) is dedicated to the continuous education and development of its hockey membership into quality players, coaches and fans, and seeks to build a spirit of community and camaraderie through the fostering of good sportsmanship in a competitive environment."

New coaches must complete the long form application as well as the USA Hockey Disclosure Statement required for background checks.

DYHA returning coaches need only complete the short form. You do not submit to a background check as long as one was completed last season.

Completing and submitting the coaching applications now will allow us to do a better job of planning the number of teams for this fall. The completed forms should be completed now and mailed to the following:

Douglas Youth Hockey Association
 PO Box 235
 Douglas, WY 82633

Or emailed to Jason Marcus at jasonmmarcus@gmail.com

(A signed form must be on file as well)

It is MANDATORY that ALL coaches (including assistants) be USA Hockey certified. The coaching requirements for each age bracket and competitive level are listed below.

Coach	Minimum USA Hockey Requirements
Mini Mite	Level 1
Mite	Level 1
Squirt	Level 1 & 2
Peewee	Level 1 & 2 & 3
Bantam	Level 1 & 2 & 3
Midget	Level 1 & 2 & 3
Girls	Level 1 & 2 & 3

We will try to notify you of upcoming coaching classes in area as they become available. **However, it is every applicant's responsibility to secure the proper accreditation through USA Hockey.** You may check directly with USA Hockey at <http://www.usahockey.com> for more information.



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2008-2009 DYHA COACHING APPLICATION (short form)

Please use this form if you coached at DYHA in the 2007-2008 season and have already completed the attached Coaching Application (long form) and USA Hockey Disclosure Statement:

COACH NAME: _____

COACHING CERTIFICATION LEVEL: _____ / CEP #: _____

COACHING CLINICS ATTENDED (check all that apply):

USA HOCKEY Initiation Program (Date/Location):

_____ USA HOCKEY Associate Clinic (Date/Location): _____

_____ USA HOCKEY Intermediate Clinic (Date/Location): _____

_____ USA HOCKEY Referee Clinic (Date/Location): _____

_____ USA HOCKEY Advanced Clinic (Date/Location): _____

OTHERS: _____

COACHING REQUEST

LEVEL :

_____ Mini-Mite/Mite
 _____ Squirt
 _____ Peewee
 _____ Bantam
 _____ Midget
 _____ Girls

POSITION:

_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant
_____ Head	_____ Assistant

_____ I have read and understand the requirements for coaching under USA Hockey guidelines.

SIGNATURE _____

DATE: _____

Please return your completed form to:

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