



BETHLEHEM BLAST® Youth Hockey

Returning Coach Application

2009-2010



We need to begin planning for the upcoming season! The first crucial piece of information is to start recruiting those vital people who will coach and manage our players. *Please understand that no position is automatic.* All applications will receive equal consideration based on their own merit and the results of the selection process. We therefore ask that you complete both the primary and secondary choice sections. All applications are subject to criminal background checks.

The BETHLEHEM BLAST® Youth Hockey Organization works hard to ensure a positive hockey experience for all players by providing the best staff possible to meet the needs of today's athletes.

Name:	Address:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:	Fax:	

Level interested in coaching? (please check one box)

<input type="checkbox"/> Mite	<input type="checkbox"/> Squirt	<input type="checkbox"/> PeeWee	<input type="checkbox"/> Bantam	<input type="checkbox"/> Midget	<input type="checkbox"/> Girls
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What is your second choice? (please check one box)

<input type="checkbox"/> Mite	<input type="checkbox"/> Squirt	<input type="checkbox"/> PeeWee	<input type="checkbox"/> Bantam	<input type="checkbox"/> Midget	<input type="checkbox"/> Girls
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Which position are you applying for?

<input type="checkbox"/> Head Coach:	<input type="checkbox"/> Assistant Coach:
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Have you attended a USA Hockey Coaching Clinic? (please check one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please complete the following:

USA Hockey Coaching Certification Level	Date Achieved	ID Number	Expiration Date

Are you willing to attend a USA Hockey Coaching Clinic in the fall of 2008 if required? (please check one)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I understand that being certified at an appropriate level as defined by USA Hockey is a pre-requisite for coaching for the BETHLEHEM BLAST® and I will fulfill this obligation. I agree to abide by all rules, policies and procedures set forth by Thunder Youth Hockey, Inc. (dba BETHLEHEM BLAST®), Delaware Valley Hockey League, Atlantic District, and USA Hockey, Inc. as well as applicable ethics codes. I agree to allow the BETHLEHEM BLAST® to perform a background check regarding criminal history. All information obtained will be kept confidential.

Applicant Signature: _____

Signed: _____

Date: _____

Please mail completed, signed application to:

(Applications are due by March 15, 2009)

**Tom Ashley - Head of Coaches
Bethlehem Blast Youth Hockey
P.O. Box 1512
Bethlehem, PA 18016-1512**