



## Southern Maryland Sabres Hockey Club 2026-2027 Season (Returning) Coaching Application

A completed packet, including this application and all supporting documentation, must be received or the application will not be considered. Scan and email completed application to the Hockey Director and copy the Sabres At-Large Member.

Hockey Director – [hockeydirector@somdsabres.org](mailto:hockeydirector@somdsabres.org)

At-Large Member – [atlargemember@somdsabres.org](mailto:atlargemember@somdsabres.org)

### **PERSONAL DATA**

Name		DOB				
Address		POB				
		US Citizen	Yes		No	

Phone/ Cell	
Phone/ Home	
E-Mail	

Occupation	
Employer (name/ City)	
Time in job	

### **POSITION APPLYING FOR (In Order of Preference)**

Position (Head Coach or Assistant Coach)	Team [Travel (AA, A, B) or Rec (A, B)]				
	Age Level (Mite, Squirt, Pee wee, Bantam, U16, U18)				
If these choices are not available, would you be interested in a different position?	YES		NO		

**DISCIPLINARY HISTORY**

Have you ever been suspended from any youth sports program or game?	YES		NO	
Have you ever been reported to the CBHL or USA Hockey for any reason?	YES		NO	
Have you ever been banned from entering a hockey rink or other sports venue?	YES		NO	

*If you answered yes to any of the above questions, please provide details on a separate sheet of paper.*

**ADDITIONAL INFORMATION (Attach additional sheets if necessary)**

**SO MD SABRES HOCKEY CLUB EXPECTATIONS**

For the upcoming season, the SO MD Sabres will expect all coaches to:

- Attend and assist with all tryouts.
- Attend and participate in all SO MD Sabres coaching meetings and clinics.
- Maintain the appropriate CEP level and complete required age-level modules by USAH deadlines. Prior to the season start, undergo required background screening, complete USAH SafeSport training and provide proof of appropriate CEP class registration.
- Set a proper example for sportsmanship and commitment.
- Enforce appropriate discipline.
- Provide the club and parents with written team policies including playing time and goalie management prior to the first practice.
- Support and abide by all SO MD Sabres policies, code of conduct and rules/ policies in place by USAH, PVAHA, CBHL and CCHL.
- Seek Board of Director approval if declaring their team at any level except A.

*I certify that the facts set forth in this application are true and complete to the best of my knowledge. My signature below indicates my agreement with the SO MD Sabres expectations and authorizes the SO MD Sabres to contact my references and to make an investigation of the facts set forth in this application. I also understand that I must undergo and successful complete a background check before I can coach a team.*

*I understand that I am responsible for my personal conduct as well as that of my team, and I will exemplify the highest standards at all times. Further, I understand that any violations reported to and confirmed by the SO MD Sabres Disciplinary Review Committee and/or the Board of Directors may result in disciplinary actions or removal as coach during this season or any future seasons.*

***Criminal Background Check***

*The SO MD Sabres, the Chesapeake Bay Hockey League (CBHL), and the Potomac Valley Amateur Hockey Association (PVAHA) require all coaches to authorize a criminal records inquiry. Any prospective coach who refuses to sign a release for this information will not be appointed as a coach.*

Printed Name

Signature

Date

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