



## Appleton Area Hockey Association (AAHA)

### Policy

### Student Coach Information FORM

Approved by: AAHA Board of Directors on 2/28/18

Full name

Date of Birth

Email Address

Phone Number

Current team

Team you would like to coach

USA Hockey Number

Name Parent/Legal Guardian #1

Name Parent/Legal Guardian #2

Phone Parent/Legal Guardian #1

Phone Parent/Legal Guardian #2

Email Address Parent/Legal Guardian #1

Email Address Parent/Legal Guardian #2

Signature of Student Coach

Date

Signature of Parent/Legal Guardian

Date

Signature of Head Coach – Accepting Student Coach

Date

Printed Name

Signature of Association Representative

Date

Printed Name