Havre Youth Hockey Coaching Application

Full Name: _____

Address: _____

Contact Number: _____

Email: _____

2026/2027 USA Hockey Coach Registration Number: _____

Volunteer, Community, Charitable and/or other unpaid experience:

Name of Organization	Address	Phone	Role/Services Provided

This position requires all coaches to be available for practices three (3) nights a week, and be at all home and away games. Will your current employer allow off time for the required 20+ games, festivals and tournaments?

☐ YES
☐ NO

Do you have a current USA Hockey Coaching Card:

☐ YES
☐ NO

CEP Level: _____ Expiration Date:_____ Modules: _____

If, **NO** all adults on the ice with youth must meet all coaching requirements designated by USA Hockey, MAHA, and HYHA. USA Hockey Coaching Rules & Requirements

Provide the following information for each season you coached an ice hockey team, beginning with the most recent (continue with additional information in an email to the Coach in Chief and HYHA President).

Year	Team Name	Location (City, State)	Age Group	Coaching Position

POSITION YOU ARE REQUESTING

Provide the Age Level(s) you are willing to coach (check all that apply)

- ☐ 6U/8U
- ☐ 10U
- ☐ 12U
- ☐ 14U
- ☐ High School
- ☐ Girls 14U
- ☐ Girls 19U
- ☐ House

Provide your top 3 choices and desired role(s), starting with the one of greatest interest

	Team	Position (Head Coach; Assist Coach; No Pref.)
1st		
2nd		
3rd		

Applicant's Statement, Authorization and Release of Liability

I hereby certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process will be sufficient cause for my not being accepted as a coach, or for my dismissal no matter when discovered.

I authorize HAVRE YOUTH HOCKEY to investigate all information contained in this application. The employers, organizations and individuals named are authorized to give HAVRE YOUTH HOCKEY any and all information regarding my employment, volunteering, character, fitness and qualifications (including opinions) that they may have about me. In consideration of the evaluation of this application by HAVRE YOUTH HOCKEY, I hereby waive, release and discharge HAVRE YOUTH HOCKEY, USA Hockey, MAHA, all employers, organizations, and individuals, and any other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this.

I acknowledge that I am subject to criminal background checks to be done by USA Hockey, the Montana Amateur Hockey Association and/or the Treasure State League with which HAVRE YOUTH HOCKEY is affiliated and in accordance with Montana law. I understand that I may not begin coaching unless these requirements are satisfied in full. I further acknowledge that I must meet the minimum coaching requirements as set forth by USA Hockey (MAHA and HAVRE YOUTH HOCKEY, as applicable) to be considered for any coaching position with HAVRE YOUTH HOCKEY.

Signature: _____ Date: _____

Please email your completed forms to:
Shiloh Barrett, HYHA Coach in Chief shilohbarrett27@gmail.com
Amanda Hamilton, HYHA President hyhapresident1@gmail.com

CiC Use Only
Date Received: _____

Verification
CEP/Date: _____ SS: _____

Modules: _____ BG: _____