



2025-2026 Rock Ridge Youth Hockey Coaching Application

Thank you for your interest in coaching with Rock Ridge Youth Hockey! Our coaches play a crucial role in developing young athletes, fostering teamwork, and creating a positive hockey experience. Please complete this application to be considered for a coaching position.

Applicant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Coaching Experience

Please summarize your coaching and hockey background, including any certifications or relevant experience:

Coaching Philosophy

Briefly describe your coaching philosophy and approach to player development:

Coaching Interest

Indicate which levels you are interested in coaching and specify your preference for Head Coach or Assistant Coach:

| Level of Play | Skill Level | Head Coach | Assistant Coach |
|---------------|--|--------------------------|--------------------------|
| Mini-Mites | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Mites | N/A | <input type="checkbox"/> | <input type="checkbox"/> |
| Squirts | <input type="checkbox"/> A <input type="checkbox"/> B2 | <input type="checkbox"/> | <input type="checkbox"/> |

| Level of Play | Skill Level | Head Coach | Assistant Coach |
|---------------|---|--------------------------|--------------------------|
| Peewees | <input type="checkbox"/> AA, <input type="checkbox"/> A, <input type="checkbox"/> B1 or <input type="checkbox"/> B2 | <input type="checkbox"/> | <input type="checkbox"/> |
| Bantams | <input type="checkbox"/> AA, <input type="checkbox"/> A, <input type="checkbox"/> B1 or <input type="checkbox"/> B2 | <input type="checkbox"/> | <input type="checkbox"/> |
| Jr. Gold | N/A | <input type="checkbox"/> | <input type="checkbox"/> |

Coaching Prioritization

If you are interested in multiple levels, how would you manage overlapping practices or game schedules?

Work Schedule & Availability

Coaching requires a strong time commitment. Please indicate your typical work schedule:

☐ Day Shift ☐ Afternoons ☐ Nights ☐ Shift Work (please explain):

How many practices and games do you plan to attend?

- ☐ All/most practices & games
☐ Some practices & games
☐ Limited practices & games

If "Other," please explain:

Application Submission

Please submit your completed application to:

Anita Beckman, RRYHA Vice President

Email: rryha.abeckman@gmail.com

Thank you for your dedication to Rock Ridge Youth Hockey!
We appreciate your commitment to developing our young athletes.