**NORTH COUNTRY YOUTH HOCKEY, INC.**

Coaching Application

2025 - 2026 Season

**Please fill out this application completely and return via email to** **ncyhcougars@gmail.com** **or by regular mail to: NCYH, PO Box 162, Rouses Point, NY 12979 by May 17, 2025.** Coaching applications will be reviewed by the ACE Coordinator and appointments will be made at an upcoming NCYH Board Meeting. Thank you for your interest in coaching our youth for the upcoming season.

***Personal Information:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Coaching Information: Did you coach for NCYH last Year? \_\_\_\_\_\_\_; If yes, at what level?\_\_\_\_\_\_\_\_\_\_\_***

**Level: (please check all that apply) Position: (please indicate 1st and 2nd choice)**

Mite \_\_\_\_\_\_ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Squirt \_\_\_\_\_\_ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Pee Wee \_\_\_\_\_\_ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Bantam \_\_\_\_\_\_ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assistant\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Coaching Cards****: All coaches are required to have their USA Hockey Certification Card current and at the
appropriate level. Please indicate your current level and date level was issued.* (This information is on your card)

**What is your CEP Number?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP Level I \_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP Level II \_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP Level III \_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP Level IV \_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP Level V \_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Other Info:***

Are you certified in First Aid? Yes or No (please circle one) If yes, date completed: \_\_\_\_\_\_\_\_\_\_

Are you certified in CPR? Yes or No (please circle one) If yes, date completed: \_\_\_\_\_\_\_\_\_\_

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| ***This section to be completed by NCYH***Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coaching Position Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certification Card checked? Yes or No (please circle one)Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |