



Student Coach Authorization

Student Coach Full Name: _____

Student Coach Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Student Coach 20__ - 20__ Playing Information:

Team on which registered: _____

Playing Team Classification/Level: _____

Head Coach (Print Name & Signature): _____

Proposed Student Coach 20__ - 20__ Coaching Position:

State College Youth Ice Hockey Association (SCYIHA), USA Hockey MidAM District

SCYIHA Team on which coaching: _____ (Circle one: Coed / Girls Only)

Coached Team Classification/Level: _____

AUTHORIZATIONS:

The above named Student Coach is authorized to participate with the above named team, under adult supervision by the regular coaching staff, for the season indicated. We certify that we have granted our permission for this participation, that the student is properly registered with USA Hockey, the Head Coach has established expectations for the student coach, and that the team and association will comply with other provisions of the Student Coach rule.

PARENT/ GUARDIAN

HEAD COACH

**SCYIHA COACH
COORDINATOR**

Signature

Signature

Signature

Printed Name

Printed Name

Printed Name

This form is designed to comply with requirements of USA Hockey governing the use of minors under the age of 18 as student coaches on a registered hockey team. See USA Hockey Annual Guide for complete information regarding Student Coaches (Rules & Regulations, Coaching Education Program, Under-Age Coaches). Upon completion, submit to SCYIHA Coach Coordinator for record.

