

Quad City Hockey Association Coach Registration

Coach Registration Information

NOT NECESSARY TO FILL IN PHONE, ADDRESS, ETC IF NO CHANGE FROM LAST YEAR

Last Name: _____ First Name: _____ Int: _____
Social Security # _____ - _____ - _____ D.O.B. (mo) _____ (day) _____ (Yr) _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ - _____
Work Phone: (_____) _____ - _____
Cell Phone: (_____) _____ - _____
E-Mail Address: _____
Citizenship: US _____ Other: _____ Male _____ Female _____
Current CEP Level: _____ CEP # _____ Year of Clinic _____

Who to Contact In Case of Emergency

Last Name: _____ First Name: _____
Relationship: _____ Contact Phone Number (_____) _____ - _____

Would like to Coach: Circle your interests

Head Coach Assistant Coach
Termite Mite Squirt Pee Wee Bantam Midget
House League Limited Travel Travel B Travel A JV / Varsity

Would like to Coach a 2nd Team ?:

Head Coach Assistant Coach
Termite Mite Squirt Pee Wee Bantam Midget
House League Limited Travel Travel B Travel A JV / Varsity

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Coaching Experience (list hockey experience first then other sports)

List (briefly) any hockey playing experience

Why do you want to coach this season?

By signing below you agree to:

- a) sign the QCHA Consent to be Screened Form
- b) sign USA Hockey waiver
- c) sign USA Hockey Coach Code of Ethics
- d) abide by QCHA policies
- e) assist with hosting a QCHA invitational tournament if held at your level of play
- f) abide by Coach Job Description
- g) attend all Mandatory Coach meetings

Signature: _____ **Date** _____

Received by QCHA Representative: _____ Date _____

Revised 4 April 2008