

**QCHA COACHING REGISTRATION**

*Return form to the QCSC Front Desk Attention Les Teplicky*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Int: \_\_\_\_\_

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

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Citizenship: US \_\_\_ Other \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_ D.O.B. (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (Yr) \_\_\_\_\_

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 preferences )

Head Cioach      Assistant Coach                      Travel                      Limited Travel              House League

Termite    Mite      Squirt      Peewee    Bantam    Midget / High School

**Want to Coach a second team?** ( circle your preferences )

Head Cioach      Assistant Coach                      Travel                      Limited Travel              House League

Termite    Mite      Squirt      Peewee    Bantam    Midget / High School

**Coaching Experience ( not required if a returning coach )**

**List (briefly) any hockey playing experience ( not required if a returning coach )**

**Why do you want to coach this season?**

**By signing below you agree to; sign the QCHA Consent to be Screened Form, USA Hockey waiver, USA Hockey Coach Code of Ethics and abide by QCHA policies, abide by Coach Job Description and attend required coach meetings**

Signature: \_\_\_\_\_ Date \_\_\_\_\_