



WYHA Application to Coach

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Date: _____

Home Phone: _____ Alt Phone: _____ E-Mail: _____

Please circle appropriate request:

Position:	Head Coach	Assistant Coach	Team Manager
Division:	Learn to Play	Cross Ice	Rink Rats
	Mite	Squirt	Pee Wee
			Atoms
			Bantam

Coaching Experience: None: ___ Youth: ___ High School: ___ College: ___ Beyond College: ___

Playing Experience: None: ___ Youth: ___ High School: ___ College: ___ Beyond College: ___

Other Relevant Experience:

USA Hockey Certifications Earned: (circle one)

Initiation-1 Associate-2 Intermediate-3 Advanced-4 Master-5

CEP# _____ Date Certified: _____ Expires: _____

Philosophy of Coaching:

I agree to abide by and help enforce the rules and by-laws of the Waunakee Youth Hockey Association, the Region 4 Youth Hockey Council and USA Hockey.

Signed, _____



APPLICATION, DISCLOSURE STATEMENT & WAIVER

Waunakee/Wildcat Youth Hockey Association (WYHA) will not permit any volunteer who has routine access to minor children to participate in any of its programs unless said prospective volunteer has consented to be screened by the club. The club will use the information disclosed in this Application, or information obtained by the club as a result of the release granted herein, for the sole purpose of determining the suitability of the volunteer to have routine access to minor children. The information will be confidential and will not be released or disclosed by the club’s board of directors without the express written consent of the named volunteer.

Last Name	First Name	Middle Initial
Address	State	Zip
Driver's License# (State)	Exp. Date	
Date of Birth	Home Phone	Work Phone
Previous address(s) if you lived in another state within the past 10 years		

I understand that I may be disqualified and prohibited from serving as a volunteer for Wildcat Youth Hockey Association if I have:

1. Been convicted (including convictions the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse causing injury or death of a child, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution or a felony involving a controlled substance.
2. Been adjudged liable for civil penalties or damages involving sexual or physical abuse of a child;
3. Been subject to any court order that finds that I sexually or physically abused a minor, including, but not limited to a domestic order of protection or restraining order.
4. Had my parental rights terminated;
5. Been the subject of a complaint with any other organization of sexual or physical abuse of a child;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaints of sexual or physical abuse of minors;

DO ANY OF THE ABOVE APPLY TO YOU? (circle one) **YES** or **NO**



If **YES**, please describe in detail, including dates, name of court, tribunal, employer or organization, case number and circumstances. Please attach a separate sheet of paper if necessary:

I certify that all information given by me in this application is true and correct to the best of my knowledge. I understand that false or misleading statements made by me, or consequential omissions of any kind, are cause for rejection of my application or for my dismissal no matter when discovered. I hereby authorize **Wildcat Youth Hockey Association** to investigate all information contained in this application. I authorize any employer, organization or individual to release to the club any and all information (including opinions) regarding my fitness and qualification to have routine access to children.

In consideration of the evaluation of this application by Wildcat Youth Hockey, **I HEREBY WAIVE, RELEASE AND DISCHARGE** the club and its board of directors, all employers, organizations and individuals, and other persons or entities from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result from compliance or attempts to comply with this authorization.

Signature _____ Date _____

Witness _____ Date _____