

Detroit Hockey Association
Coaching Application

Name _____

Address _____

Phone _____ Emergency Contact _____

E-mail _____ Cell _____

Number of years coaching _____

Level of Certification _____ Card # _____

Name of last team coached _____

Association _____

What age would you like to coach _____

Have you had CPR Training? Yes No (circle one)

Will you attend CPR Training at Adams/Butzel? Yes No

I, _____ promise to adhere by the rules set forth by the DHA, USA Hockey, MAHA and the LCAHL and I will follow the ethics and code of conduct set forth by these organizations.

Signature _____ Date _____