



**Please list any assistant coaches and your manger if known at this time:** \_\_\_\_\_

\_\_\_\_\_

**Please list 3 references that we may contact:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**As a prospective coach of Wayne Youth Hockey Association you are expected to follow all rules set forth by Michigan Amateur Hockey Association (MAHA), USA Hockey, all league rules and Wayne Youth Hockey Association by-laws and rules.**

**There will be a background check conducted on all coaches within our association. USA Hockey and MAHA require these. Refusal to submit to this background check is grounds for immediate removal of your coaching position, if you are approved.**

**ALL coaching applications are due no later the August board meeting. Please submit your application into any WYHA board member. If you have any questions or concerns please feel free to contact any of the W.Y.H.A. board members. All board members contact information may be found online at:**

**[wayneyouthhockey.com](http://wayneyouthhockey.com). Thanks for applying!!**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_