

BIAHA COACHES APPLICATION

Name (First, Last, Middle): _____

Address: _____

SSN: XXX-XX-____ [last four digits only; the full SSN will be separately requested for the background check]

Phone: () _____ Fax: () _____ Email: _____

USA Hockey Coach's Card No.: _____ Level: ____ Exp: _____

Years Coached: _____

Details of Coaching Experience: _____

Have you ever been convicted of a crime (other than traffic)? Y N

Have you ever been suspended from coaching? Y N

If you answered yes to either question, please explain: _____

Do you have any medical or physical conditions that BAIHA should be aware of that could interfere with your ability to coach or skate with kids (emphysema, asthma, etc):

I, _____, agree to abide by all of the policies of the Brevard Amateur Ice Hockey Association and USA Hockey. I also agree to provide my Social Security Number for a required criminal background check as a condition for coaching in BAIHA.

Sign: _____ Date: _____

Submit completed application to:
Brevard Amateur Ice Hockey Association
Attn: Coaching Application
720 Roy Wall Blvd
Rockledge, Florida 32955

All applicants will be required to pass a criminal background check before being allowed to coach.