

Devils Lake Blue Line Club Youth Hockey Application

Name _____ Home Phone _____

Street Address _____ City _____ Zip _____

E-mail _____ Work Phone _____ Cell _____

Employer and Work Schedule _____

Hockey Coaching and other relevant youth activity/coaching experience

Hockey Playing Experience

Position interested in: (Circle one or both)

Head Coach

Assistant

Level interested in coaching? (1st choice) _____

Please Circle: A or B

(2nd choice) _____

Please Circle: A or B

Why would you like to coach a Devils Lake youth hockey team?

Have you ever been convicted, plead guilty to or pleaded no contest to a crime in the last 7 years other than a misdemeanor violation? If yes please explain

I understand that being certified at an appropriate level as defined by USA Hockey is required to be a coach for the Devils Lake Blue Line Club(DLBLC) and I will fulfill this obligation. I agree to abide by all rules, policies, and procedures set forth by the DLBLC, the North Dakota Amateur Hockey Association (NDAHA), and USA Hockey.

I agree to allow the NDAHA to perform a background check regarding criminal history. All information obtained will be kept confidential.

Applicant Signature _____

Date _____

Please return to:

DLPB

Attn: Coaches Selection Committee

PO Box 446

Devils Lake, ND 58301