



COACHING EDUCATION PROGRAM PETITION FOR WAIVER

**Please note the highest level a person can be waived into will be the Intermediate Level*

OFFICE USE ONLY

Received _____ Reviewed _____

Action: _____

Waived To: _____

Comments: _____

1. Personal Information:

Date Applying: _____ Date of Birth: _____

Name _____ Home Phone () _____
Last First Middle Initial

Address _____ Business Phone () _____

City _____ State _____ Zip _____ FAX () _____

2. Coaching Background:

District and Association _____ Present Level in Coaching _____
 Presently Coaching In _____ Achievement Program _____

USA Hockey Membership # _____

Present Level Coaching _____ Number of Years Coaching _____

3. List Hockey Coaching Clinic(s) Attended Other Than USA Hockey Programs:
 (Give location, Date and Course Description)

4. List Other Non-Hockey Coaching Education Seminars You Have Attended:

5. Have You Taken Any Education Courses?
 Yes No (If Yes, Please Explain)

6. A Brief History of Your Hockey Playing Background:

Do You Have a State High School Coaching License?
 Yes No
 (If Yes, Please Provide a Copy of License)

7. A Brief History of Your Hockey Coaching Experiences:

8. Educational Background:
 College Attended _____
 Highest Degree _____ Date Received _____
 High School _____ Date Graduated _____

Please Attach Your Personal Resume With Three References And Send Them To:

Allow a Minimum of One Month to Process

USA Hockey, Coaching Program
 1775 Bob Johnson Drive
 Colorado Springs, CO 80906