

**ESP Select Hockey LLC.
Volunteer Coach Application & Waiver**

Full Name _____

Street Address _____ State _____

Zip _____ Home Phone (_____) _____ Work Phone (_____) _____

Mobile Phone (_____) _____ Email _____

Requested Birth Year 1994 1995 1996

As: Head Coach Assistant Coach (circle one)

USA Hockey Coaching Certification: Level 1 Level 2 Level 3 Level 4 None (circle one)

Please describe your previous coaching experience.

At what level did you finish playing organized hockey? _____

What is your coaching philosophy? (winning, fun, development etc.)

Are you willing to work with a league development plan within the context of your own plan? Yes No

Have you had first aid training/ (not required) Yes No

Do you believe you will be able to attend the strong majority of games and practices? Yes No

Waiver of Liability:

Prospective coach affirms that by enlisting to become an on ice instructor, ESP Select Hockey LLC., it's members, owners, operators, sponsors, agents, and other coaches and instructors, may not be held liable in any way for any occurrence in connection with the league which may result in injury, death or other damages to participant or their family, heirs, or assigns. Participants have agreed to these release terms of their own free will. Participant and guardian assume responsibility for the participant's physical fitness and capability to perform coaching duties. Application / waiver and consent to background check may be requested prior to coaches participating in league or team activities on or off the ice. Please mail this application to:

ESP Select Hockey
P.O. Box 25293
Woodbury, MN. 55125

Signature _____ Date _____