

Clinton Youth Hockey Coaches Registration

Coach's Name _____

Address _____

Home Phone _____ Work _____

Cell _____

Email _____

Citizenship _____ Date of Birth _____

CEP Level _____ CEP Card No. _____

Emergency Contact _____ Phone _____

Team(s) Coaching _____ Head/Assistant _____

1. All Coaches must register online with USA hockey prior to registering with CYH Registrar, Nina Bremer. Please go to www.usahockey.com bring your printed confirmation with you.
2. All personnel who have direct contact with players under the age of 18 years of age will be required to submit to an online screening company and complete the screening process at an approximate cost of \$13.00 per screening which will be good for 3 years. The confirmation receipt will need to be submitted to the CYH registrar.
3. A front and back copy of your CEP card must be submitted with your completed forms.

Coach's
Signature _____ Date _____

CYH use only

Provided Copies of:

Online Registration Yes / No
Screening Confirmation Yes / No
CEP Card Yes / No