

CAMILLUS YOUTH HOCKEY ASSOCIATION

From: _____ (Printed Applicants Name)
To: President, Camillus Youth Hockey Association (CYHA)
Via: 1. Association Coaching Education Director
2. Appropriate Division Director

Encl: (1) Camillus Youth Hockey Association Application to Coach, 2019-2020 Season
(2) Signed Copy of CYHA Locker Room Policy, 2019-2020 Season

Subj: Application to Coach

Attached is Enclosure (1), my Application to Coach at CYHA for the 2019-2020 Season. I request that I be considered for the coaching position as indicated on the enclosure.

Applicants Signature

FIRST ENDORSMENT

From: Association Coaching Education Director
To: President, Camillus Youth Hockey Association (CYHA)
Via: Appropriate Division Director

Subj: Application to Coach

I have reviewed the attached documentation, verified coaching credentials, and confirmed background screening for the subject applicant.

The following documentation requires attention: Age Specific Module Delinquent CEP CEP Level NYSAHA Screening

Provided indicated discrepancy(s) above are resolved I (**recommend/not recommend**) this individual to serve as a CYHA coach for the 2019-2020 Season.

Association Coaching Education Director

SECOND ENDORSMENT

From: _____; Director, _____ Division
To: President, Camillus Youth Hockey Association (CYHA)

Subj: Application to Coach

I have reviewed attached documentation and made personal contact with this individual.

I (**recommend/not recommend**) this individual to serve as a CYHA coach for the 2019-2020 Season as indicated upon their request.

Division Director

CAMILLUS YOUTH HOCKEY ASSOCIATION

APPLICATION TO COACH

2019-2020 Season

COMPLETE IN A LEGIBLE FASHION TO ENSURE TIMELY PROCESSING

If not previously submitted to CYHA during the past two seasons, please attach a copy of your Volunteer Request Confirmation (Background Screening Receipt).

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____ E-Mail _____

COACHING REQUIREMENTS:

2018-2019 USA Hockey Registration #: _____
(must attach printout – no coach will be approved without this)

USA Hockey Certification (CEP):

Card Number: _____

Level: _____

Expiration Year: _____

USA Hockey Age Specific Module(s) and year taken: _____

NYSAHA Screening: Date _____ Receipt/Report ID # _____

Safesport Certification: Date: _____ Confirmation Number: _____

Do you have a child in the program? Yes No

If "yes", at what level(s)? _____

Why do you want to coach youth hockey? _____

Have you ever coached in our organization before? Yes No

Have you coached for other youth sport organizations? Yes No

If "yes", what organizations? _____

Have you been the subject of disciplinary action by CYHA, or any other youth sports organization? Yes No

If "yes", explain: _____

Describe any medical or first aid certifications _____

Have you ever been convicted of a felony? Yes No

If "yes", provide the date of conviction and the specific charges imposed below.

FIRST CHOICE (Please circle only one position, one level, and one division):

Position: Head Coach Assistant Coach

Level: Travel Snowbelt

Division: Tyke Mite Squirt Peewee Bantam Midget

Girl: 12 & Under 14 & Under 16 & Under 19 & Under

SECOND CHOICE (Please circle only one position, one level, one and division):

Position: Head Coach Assistant Coach

Level: Travel Snowbelt

Division: Tyke Mite Squirt Peewee Bantam Midget

Girl: 12 & Under 14 & Under 16 & Under 19 & Under

If you wish to coach at multiple divisions, provide details _____

I have read and understand the policies and procedures for coaches. If selected, I will promote the physical and mental well being of any player above any desire to win. I understand that Camillus Youth Hockey Association will be offering coaches meetings throughout the 2019-2020 Season. I will make every effort to attend those meetings.

I certify that to the best of my knowledge the information provided above is true and complete. As part of my application to coach, I give my permission for CYHA to obtain information relating to my criminal history record, if any, and my motor vehicle driving record. This may include a review of the state sex offender registry in states where I reside or have resided. I understand that this information will be used, in part, to determine my suitability for a coaching position and that as long as I remain a coach, the criminal history records and motor vehicle driving records check may be repeated at any time. Upon my request, I will have an opportunity to review any criminal history or motor vehicle driving records obtained.

I WAIVE, RELEASE, AND DISCHARGE CYHA, its leagues, teams, officers, directors, employees, volunteers, agents, and representatives from any liability for all damages and losses of whatever kind or nature that may result in connection with conducting a criminal history records check or motor vehicle driving records check on me.

I understand that my volunteer service can be modified or terminated at any time with or without notice or cause at the option of the CYHA Board of Directors, or at my option. Also, the CYHA Board of Directors, its teams or leagues may, at their sole discretion, decline to accept my application to coach with or without cause.

I understand that CYHA will be conforming to this USA Hockey American Development Method (ADM) Program and that all CYHA coaches are expected to familiarize themselves with, and adhere to all requirements of this program. This will include the submission of practice plans prior to each practice to facilitate implementation and ensure uniformity of the ADM program.

I understand that I am required to have an initial background screening conducted by NYSAHA and that this background screening will be conducted on a triennial basis.

I understand that all USA Hockey, NYSAHA, and CYHA requirements to include Background Screening, Age Specific Module, and Coaching Education Program (CEP) will be completed prior to the first on ice practice of the year. Additionally, if I am unable to fulfill the CEP Resident (Level 1,2, or 3) requirement prior to the first on ice practice of the year, I will schedule myself for the next available (level appropriate) class and present my registration form to the CYHA Board of Directors prior to the first on ice practice of the year.

In signing this application, I have read and understand the foregoing information, and I agree to the stated terms.

Name (please print - first/middle/last) _____

Signature _____ Date _____

Date of Birth _____

Important Notes and Requirements:

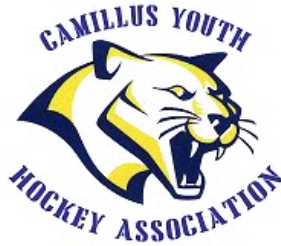
1. Return completed applications to the following address **NO LATER THAN** the following dates:
 - Sunday March 3, 2019 for Head Coaching Position

For consideration, please **email** completed applications prior to the appropriate deadline to the following addresses:

dschneid@summssoft.com

president@cyha.org

2. CYHA will monitor coaches requirements, however, all CYHA Coaches are responsible for completion of all requirements and certifications.



CYHA Locker Room Policy 2019-20

In addition to the development of our hockey players and enjoyment of the sport of hockey, the safety and protection of our participants is central to CYHA's goals. CYHA adheres to USA Hockey's SafeSport Program as a means to help protect its participants from physical abuse, sexual abuse and other types of misconduct, including emotional abuse, bullying, threats, harassment and hazing. To help prevent abuse or misconduct from occurring in our locker rooms, CYHA has adopted the following locker room policy. This policy is designed to maintain personal privacy as well as to reduce the risk of misconduct in locker rooms.

Of the arenas that CYHA utilizes, Shove Park, Lysander, & the War Memorial there are multiple locker rooms available for our program's use. Some of the locker rooms has or shares its own restroom and shower area. Teams in our program regularly travel to play games at other arenas, and those locker rooms, rest rooms and shower facilities will vary from location to location. CYHA's team organizers will attempt to provide information on the locker room facilities in advance of games away from our home arena. At arenas for which you are unfamiliar, parents should plan to have extra time and some flexibility in making arrangements for their child to dress, undress and shower if desired.

Locker Room Monitoring

CYHA has predictable and limited use of locker rooms and changing areas (e.g., generally 30-45 minutes before and following practices and games). This allows for direct and regular monitoring of locker room areas. While constant monitoring inside of locker rooms and changing areas might be the most effective way to prevent problems, we understand that this would likely make some players uncomfortable and may even place our staff at risk for unwarranted suspicion.

If the coaches are not inside the locker rooms, either a coach or voluntary locker room monitors (each of which has been screened) will be posted directly outside of the locker rooms and changing areas during periods of use, and leave the doors open only when adequate privacy is still possible, so that only participants (coaches and players), approved team personnel and family members are permitted in the locker room. Players should not leave valuable belongings in their hockey bags. While we attempt to secure the locker rooms, CYHA is not responsible for materials lost or stolen from the locker rooms.

Parents in Locker Rooms

Except for players at the younger age groups, we discourage parents from entering locker rooms unless it is truly necessary. If a player needs assistance with his or her uniform or gear, if the player is or may be injured, or a player's disability warrants assistance, then we ask that parents let the coach know beforehand that he or she will be helping the player.

Naturally, with our youngest age groups it is necessary for parents to assist the players getting dressed. We encourage parents to teach their players as young as possible how to get dressed so that players will learn as early as possible how to get dressed independently. In circumstances where parents are permitted in the locker room, coaches are permitted to ask that the parents leave for a short time before the game and for a short time after the game so that the coaches may address the players. As players get older, the coach may in his or her discretion prohibit parents from a locker room.

Mixed Gender Teams

Some of our teams consist of both male and female players. It is important that the privacy rights of all of our players are given consideration and appropriate arrangements made. Where possible, CYHA will have the male and female players dress/undress in separate locker rooms and then convene in a single locker room before the game or team meeting. Once the game or practice is finished, the players may come to one locker room for a team meeting and then the male and female players proceed to their separate locker rooms to undress and shower, if available. If separate locker rooms are not available, then the players will take turns using the locker room to change. We understand that these arrangements may require that players arrive earlier or leave later to dress, but believe that this is the most reasonable way to accommodate and respect all of our players.

Cell Phones and Other Mobile Recording Devices

Cell phones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras, are not permitted to be used in the locker rooms. If phones or other mobile devices must be used, they should be taken outside of the locker room.

Prohibited Conduct and Reporting

CYHA prohibits all types of physical abuse, sexual abuse, emotional abuse, bullying, threats, harassment and hazing, all as described in the USA Hockey SafeSport Handbook. Participants, employees or volunteers in CYHA may be subject to disciplinary action for violation of these locker room policies or for engaging in any misconduct or abuse or that violates the USA Hockey SafeSport Policies. Reports of any actual or suspected violations should be report to CYHA's Safe Coordinator David Schneid or any CYHA Board Member.

I understand the CYHA Locker Room Policy

Printed Name

Signature