

**MCYH Coaches
Registration Form
2008-2009
Registration Deadline Nov 30, 2007**

Fee \$35.00
Amount Paid: _____
Cash _____ Check #: _____

Make Check Payable to:
MCYH
PO BOX 176
WAUSAU WI 54402-0176

Name: (Last Name) _____ (First) _____ (Middle) _____

Address: _____

City: _____ **Zip:** _____

Phone: Home: _____ Work: _____ Email: _____

Date of Birth: _____ **Social Security No.:** _____

Insurance Carrier: _____ **Policy No.:** _____

Level of Interest by Preference: 1st, 2nd, 3rd

Bantam ___ PeeWee ___ Squirt ___ Mite ___ Mini Mite ___ Rec. League ___ Girls Team _____

Head Coach ___ Assistant ___

Daughter/Son Participating in MCYHA Yes / No (Circle) **Name** _____ **Level** _____

USA Hockey Certification None ___ Initiation ___ Associate ___ Intermediate ___ Advanced

USA Hockey Certification Number _____ **Expiration date** _____

Coaching/Playing Experience: _____

Philosophy of Coaching: _____

Please read and sign below:

Marathon County Youth Hockey will not authorize or sanction in any of its programs that it directly controls any volunteer or employee who has routine access to kids who refuses to consent to be screened by Marathon County Youth Hockey. I hereby certify that all of the information I have provided in this application is true and accurate and can be used for the purpose of a screening or background check. I understand that any false or misleading statements I provide may be cause for Marathon County Youth Hockey to refuse acceptance of this application. I HEREBY WAIVE, RELEASE AND DISCHARGE Marathon County Youth Hockey, its employees and individuals, and any other person or entity from all liability and damages, except liability for wilful or intentional acts, that may result from compliance or attempts to comply with this authorization.

Signed: _____

Date: _____