

# CYHA Student Coach Process

Students aged 13 - 17 are encouraged to help CYHA teams during their seasons. Players interested in being Student Coaches should follow the directions below:

| Level of Play:  | Forms Needed:  |
|---|--|
| If you play hockey at:<br>12U/PW<br>14U/Bantam<br>19U/Jr Gold | <ol style="list-style-type: none"><li>1. USA Hockey Student Coach Information Form (must be signed by parents &amp; coach of team you are playing on)</li><li>2. Consent to Treat Form (if not already on file)</li></ol>  |
| If you play on the High School team:                          | <ol style="list-style-type: none"><li>1. USA Hockey Student Coach Information Form (must be signed by parents &amp; HS coach)</li><li>2. Consent to Treat Form</li><li>3. USA Hockey Registration Confirmation page from online registration via <a href="http://www.usahockeyregistration.com/">http://www.usahockeyregistration.com/</a></li></ol> |

If you are a High School player you must register first with USA Hockey. A fee of \$40 dollars will be assessed through this process. CYHA will reimburse this fee (HS players only).

For any students turning 18 whose birthdate falls during September - March of their senior year, they will be required to complete a background screening form for participation in the student coach program.

**ALL FORMS CAN BE DROPPED IN THE LOCK BOX AT THE  
ARENA TO THE REGISTRAR'S ATTENTION.**

Questions related to forms and guidelines → contact Lisa Lawry/Registrar  
763.780.8330

Questions related to coaching → contact Scott Kranz/ACE Coordinator  
651.340.2751

**All players must be properly registered with USA Hockey before participating in any on-ice activities with the team they will help coach.**

# Student Coach Guidelines

## C. Under-Age Coaches (taken from 2009-2010 USA Hockey Annual Guide)

### (1) Student Coach

A player age 13 through 17 who is currently properly registered with USA Hockey.

### (2) Qualifications

- Must attend a training session conducted by the local hockey association.
- Must always be under the supervision of a carded, screened adult coach during all practices, clinics, try-outs and in the locker room.
- May help out at practices, clinics, try-outs only. (May not participate as a player in scrimmages or games when acting as a STUDENT COACH).
- May not act as a head coach or an assistant coach during practices or games.
- May be on the bench during games with an adult. The STUDENT COACH will count as one of the maximum of four Team Officials allowed on the bench.
- Must wear a helmet with full face shield, gloves and skates while on the ice. Must wear helmet during games while on the bench.
- May only work with players at least one full playing age level down (e.g., a Pee Wee age player may act as a STUDENT COACH at the Squirt or Mite level).
- The organization that is using the STUDENT COACH must provide a form indicating on what team he/she is participating as a STUDENT COACH, and, if applicable, what team he/she is properly registered/rostered as a player. A model form is available on the [usahockey.com](http://usahockey.com) website.
- Upon reaching the age of 18, the STUDENT COACH must comply with the USA Hockey Screening Program and meet the USA Hockey Coaching Education Program requirements which will qualify him/her to act as an assistant or head coach.



## USA HOCKEY STUDENT COACH INFORMATION FORM



This form is designed to comply with requirements of USA Hockey governing the use of minors under the age of 18 as student coaches on a registered hockey team. See USA Hockey Annual Guide for complete information regarding Student Coaches (Rules & Regulations, VII. Coach Registration, B. Under-Age Coaches).

**STUDENT COACH INFORMATION:**

Hockey Season: 20 09 through 20 10

Association Name: Centennial USA Hockey District: MN D10

Team Student Coach Coaches: \_\_\_\_\_

Team's Level Of Play: \_\_\_\_\_  Boys  Girls

Student Coach Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address: \_\_\_\_\_

Team Student Coach Is Registered On As A Player: \_\_\_\_\_

Level Of Play or Classification Of Team Student Coach Plays On: \_\_\_\_\_

**AUTHORIZATIONS:**

The above named Student Coach is authorized to participate with the above named team, under adult supervision by the regular coaching staff, for the season indicated. We certify that we have granted our permission for this participation, that the student is properly registered with USA Hockey, and that the team and association will comply with other provisions of the Student Coach rule.

| PARENT/<br>GUARDIAN          | HEAD COACH<br><small>(team on which student is a player)</small> | ASSOCIATION<br>REPRESENTATIVE |
|------------------------------|--|-------------------------------|
| _____<br><i>Signature</i>    | _____<br><i>Signature</i>  | _____<br><i>Signature</i>     |
| _____<br><i>Printed Name</i> | _____<br><i>Printed Name</i>                                     | _____<br><i>Printed Name</i>  |



# USA Hockey and Centennial Youth Hockey Association

## Consent to Treat and Medical History Form

This form is kept in Team Book and is easily accessible to the Coach/Team Manager



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell/Pager Numbers: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants.

### Who to contact in case of emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Name and Tel Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Hospital of Choice and Tel Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Please complete the following. If the answer to any of the questions is or was yes, please describe the problem and its implications for proper first aid treatment on this form or on a separate piece of paper.

| Have you had (or presently have) any of the following? | Circle One |    | Additional Info: |
|--|------------|----|------------------|
| Head Injury  | Yes        | No |                  |
| Fainting Spells  | Yes        | No |                  |
| Convulsions/Epilepsy                                   | Yes        | No |                  |
| Neck or Back Injury                                    | Yes        | No |                  |
| Asthma   | Yes        | No |                  |
| High Blood Pressure                                    | Yes        | No |                  |
| Kidney Problems  | Yes        | No |                  |
| Hernia   | Yes        | No |                  |
| Diabetes   | Yes        | No |                  |
| Heart Murmur   | Yes        | No |                  |
| Allergies (please specify)                             | Yes        | No |                  |
| Injury to Shoulder                                     | Yes        | No |                  |
| Injury to Knee   | Yes        | No |                  |
| Injury to Ankle  | Yes        | No |                  |
| Injury to Fingers                                      | Yes        | No |                  |
| Injury to Arm  | Yes        | No |                  |
| Injury to Other (please specify)                       | Yes        | No |                  |
| Impaired Vision  | Yes        | No |                  |
| Impaired Hearing                                       | Yes        | No |                  |
| Other (please specify)                                 | Yes        | No |                  |
| Learning Disorders(ADHD, ADD, etc.)                    | Yes        | No |                  |
| Have you had a recent Tetanus Booster?                 | Yes        | No | Date: _____      |
| Are you currently taking any medications?              | Yes        | No | What/Why? _____  |

This is to certify that on this date, I \_\_\_\_\_ give my consent to USA Hockey/Centennial Youth Hockey Association and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_