



# 2023 – 2024 NORTHSTARS HOCKEY CLUB Coaching Staff Application

TODAY'S DATE: \_\_\_\_\_

PLEASE CHECK: \_\_\_\_\_ NEW APPLICATION \_\_\_\_\_ RENEWAL APPLICATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

E-MAIL (REQUIRED) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DO YOU HAVE A SON PARTICIPATING IN NORTHSTAR HOCKEY? \_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, CURRENT TEAM (AGE): \_\_\_\_\_

COACHING LEVEL DESIRED (PLEASE CHECK): \_\_\_\_\_ HEAD COACH \_\_\_\_\_ ASSISTANT COACH

AGE GROUP (PLEASE CHECK):

Mite \_\_\_\_\_ SQ Minor \_\_\_\_\_ SQ Major \_\_\_\_\_ PW Minor \_\_\_\_\_ PW Major \_\_\_\_\_ BAN Minor \_\_\_\_\_

U14 \_\_\_\_\_ U15 \_\_\_\_\_ U16 \_\_\_\_\_ U18 \_\_\_\_\_

CEP #: \_\_\_\_\_ Level: \_\_\_\_\_

PRIOR COACHING

EXPERIENCE: \_\_\_\_\_

**Office Use ONLY:**

USA HOCKEY CERTIFICATION LEVEL:

_____ LEVEL 1 (INITIATION)	DATE ACQUIRED: _____
_____ LEVEL 2 (ASSOCIATE)	DATE ACQUIRED: _____
_____ LEVEL 3 (INTERMEDIATE)	DATE ACQUIRED: _____
_____ LEVEL 4 (ADVANCED)	DATE ACQUIRED: _____

USA HOCKEY AGE-SPECIFIC COACHING MODULES:

_____ MITE (U-8)	SEASON ACQUIRED: _____
_____ SQUIRT (U-10)	SEASON ACQUIRED: _____
_____ PEE WEE (U-12)	SEASON ACQUIRED: _____
_____ BANTAM (U-14)	SEASON ACQUIRED: _____
_____ MIDGET (U-15,16/18)	SEASON ACQUIRED: _____

RETURN TO:



By Mail:

**NorthStar Ice Sports**  
15 Bridle Lane  
Westboro, MA 01581  
Attn: Steve Tepper

By Email:

[Stepper@northstaricesports.com](mailto:Stepper@northstaricesports.com)

Safe Sport Completed: \_\_\_\_\_ (Yes/No)

Screening Completed: \_\_\_\_\_ (Yes/No)