





**Hartford Hurricanes**  
*"A Healthier Opportunity for Youths"*  
 Phone: 860-995-2371  
 Info@Hartfordhurricanes.org  
 www.HartfordHurricanes.org



Describe the qualification you feel makes you properly suited to hold the position.

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I understand that:

- 1) The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application that may have information concerning me. This information will also be used to do a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Hartford Hurricanes and any of its member teams, Executive Board members, coaches, and volunteers thereof.
- 2) I understand there will be a \$30 one-time non-refundable payment to the Hartford Hurricanes for donation to the program due by February 1<sup>st</sup> 2010. I agree to comply with paying the fee and understand that if my actions conflict with the bylaws and I am removed from my position I will not be refunded this donation.
- 3) "In signing this application, I have read the attached information and apply for registration for coaching with the Hartford Hurricanes. I agree to comply with the Bylaws, rules, and regulations of the Hartford Hurricanes and the league I have applied to coach in. I affirm that the above information I have given on this form is true and correct."

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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For Association Use Only

Application Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Approved) (Denied)  
 (Denied as Head Coach but Approved as coach)

**Reasons Denied: Not Mandatory**

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Signature of Association President:

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