

Guest Coach Information Sheet

Name _____
Email _____ Phone _____
USFSA # _____ Club _____

Current Insurance Certificate Attached: Yes No (Office Use Only)

Days you will be coaching on SCCNY ice: Monday Tuesday Wednesday

Start Date _____ End Date _____

I certify that I am a current USFSA member, carry a minimum of \$1M liability insurance with the SC of CNY named as additional insured and I am Safesport compliant.

Signature _____ Date _____

Please return the completed form and copy of your insurance certificate to the club desk.

Skater List

Please list all of the skaters you are planning on coaching on SCCNY ice. Please keep in mind your skater must be at least pre free skate or above to skate independently on SCCNY club ice.

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____

Skater Name _____ Level _____