

Guest Coach Information Sheet

Name _____

Email _____ Phone _____

USFSA # _____ Club _____

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

Days you would plan to coach : *Tuesday, Thursday, Saturday*

Start Date _____ End Date _____

I certify that I am a current USFSA member, carry a minimum of \$1M liability insurance with Ice Vault Arena named as additional insured. I am SafeSport compliant. Guest coach fee is \$25 per hour.

Signature _____ Date _____

Please return completed form and copy of insurance certificate to

Cristina Reiss
Skating Director
Ice Vault Arena
CristinaR@icevault.com

Skater List

Please list all of the skaters you are planning on coaching during freestyle sessions at Ice Vault Arena. *Freestyle session times may be subject to change.*

Skaters:

Name _____ Level _____ Date _____

Name _____ Level _____ Date _____

Name _____ Level _____ Date _____

Name _____ Level _____ Date _____