Cape Ann Figure Skating Club Skating Coach Contract

| Contract Year: | Associate Co | Associate Coach Start Date: | |
|----------------|--------------|-----------------------------|--|
| Name: | ISI #: | USFS #: | |
| Address: | | | |
| City: | State: | Zip: | |
| Email: | Cell phone: | Home phone: | |

Please submit copies of the following:

- Liability Insurance
- ISI and/or USFS membership cards

| Are you interested in substitute coaching for group lessons at CAFSC | ?? |
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CAFSC COACHES RULES OF CONDUCT

As a member of the CAFSC Coaching staff I shall at all times exercise the greatest care and discretion in my relationships with other members, students, and students of other coaches. I recognize that I should act in a manner that avoids verbal or physical abuse, or any unsportsmanship like behavior toward any skater, coach, or parent.

By signing below, I agree to abide by the CAFSC Coaches Rules of Conduct.

Signature: _____ Date: _____

CAFSC HOLD HARMLESS

I skate in this program at my own risk and hereby release U.S. Figure Skating, the host facility, their directors, instructors and personnel from all liability. I declare that the information above is true.

Signature: _____ Date: _____