

**Cape Ann Figure Skating Club
Skating Coach Contract**

Contract Year: _____ **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? _____

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: _____