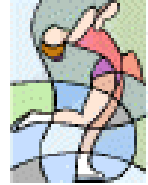




# 2010-11

## MISSOULA FIGURE SKATING CLUB

# COACHING APPLICATION FORM



Contact Information			
Name:	Phone:	SSN:	
Previous Names Used:			
Address:		2nd Phone:	
City:	State:	Zip:	Email:
USFS#:		PSA#:	

I am applying for the position(s) of: Basic Skills Instructor \* \_\_\_\_\_ Coaching privileges on Club Ice \_\_\_\_\_ Skating School Instructor \_\_\_\_\_ Showcase On Ice Instructor\* \_\_\_\_\_ Off Ice Instructor\* \_\_\_\_\_ Jump Belt Privileges \_\_\_\_\_

\* PSA Membership not required

I have obtained/passed: USFS Membership \_\_\_\_\_ PSA Membership \_\_\_\_\_ Insurance (PSA, etc. please attach) \_\_\_\_\_  
 USFS Coaches Registration \_\_\_\_\_ CER Category A \_\_\_\_\_ CER Category B \_\_\_\_\_

Highest USFS/ISI tests passed	Year	Club/Location

Coaching Experience (private/group)	Year(s)	Club/Rink	References

Professional Developments (PSA or other Ratings Held, Conferences and Seminars Attended, etc.)	Date

<b>Students' Qualifying Competitive Records</b> (List Highest Level of Students You Have Coached for 1 Year Minimum)			
Student	Competition	Dates Coached	Placement

<b>Students' Test Records</b> (List Highest Level of Students You Have Coached for 1 Year Minimum)			
Student	Highest test passed	Club	Date

**Professional Skating Experience  
(e.g. skating shows)**

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**Other Relevant Experience  
(e.g. Other Coaching/Teaching Experience)**

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By signing below I certify that the information is true and correct, and that I am aware that any falsifications or misrepresentations may disqualify my application:

Name: \_\_\_\_\_ PSA number (if coaching on club freestyle sessions) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Mail form to: MFSC • PO Box 9195 • Missoula MT 59807*

**For Office Use Only:**

Date \_\_\_\_\_ Club Member \_\_\_\_\_ PSA Member \_\_\_\_\_ PSA Insurance \_\_\_\_\_

USFS Coaches Registration \_\_\_\_\_ Coaching Policy Form completed \_\_\_\_\_ Staff Initials \_\_\_\_\_