



Office Use Only:
Application Complete Y / N _____
Date Rec'd _____
Amt. Rec'd _____
Payment Method _____
Insurance Rec'd _____

A

2011/2012 PROFESSIONAL APPLICATION

- \$310 Full Professional Membership Fee
 \$190 Basic Skills Professional Membership Fee

Name _____ USFSA# _____
 First Middle Last

Address _____ City _____ State _____ Zip _____

Phone# _____ Email Address _____

U.S. Citizen: Yes/No If no, I.N.S. documentation is required with application.

USFSA tests passed: Figure _____ MIF _____ Free _____ Dance _____ Pairs _____

CFSA tests passed: Figure _____ Free _____ Dance _____ Pairs _____

Other Federation tests passed: Include Federation name & phone number _____

Choreography & Synchronized Team Experience _____

Teaching Experience: (number of years) _____

Will your USFSA membership be through Colonial? Yes / No If not, what is your home club name & phone number? _____

Through what organization do you hold liability insurance (not insurance company)? Renewal Date _____

PSA _____ USFSA _____ Other _____

List name and phone number of organization

**** New professionals need to complete the information on the reverse side and attach a cover letter & resume. You will be contacted by CFSC's Professional Committee concerning an interview.**

Two (2) full CFSC professional member signatures are required. Please note, **only the signature of Full Professional Members who have been on staff for at least one (1) year will be accepted.**

1. _____ Date _____ Phone _____

2. _____ Date _____ Phone _____

Please provide name & phone number of last club of employment _____

Pupil test level: (highest test level your pupil has passed or presently working on):

Discipline	Skater Name	Date Passed	Host Club
------------	-------------	-------------	-----------

Freestyle: _____

MIF: _____

Dance: _____

Pairs: _____

Figures: _____

AGREEMENT

I understand and agree that if my application is accepted by the CFSC, I will abide by all rules, regulations, and policies of CFSC. I also agree to abide by the Code of Ethics/Tenets of Professionalism set forth by the Professional Skaters Association. I understand that failure to follow any such rules, regulations or policies may result in a loss of my privileges and is in the sole discretion of the Board of Directors.

I understand and agree that I must comply with the U.S. Figure Skating Coaches Registration Process which includes a national background screening process, and that my application will not be approved until this process is complete and my name appears on the USFS Registered Coaches list.

Assumption of Risk and Waiver of Liability: I am aware that figure skating is a dangerous sport and that my participation as a professional with CFSC is at my sole risk. I hereby agree to release, indemnify and hold harmless, Colonial Figure Skating Club, Inc., Nashoba Valley Olympia, Inc., and Olympus Realty, Inc. and all of their directors, officers, agents, insurers, attorneys, and employees from any and all claims, demands, losses, damages, or injury whatsoever of any kind or nature that I may sustain as a result of my participation or activities as a professional of CFSC.

Signature Date

PROFESSIONAL INTERVIEW COMMITTEE USE ONLY:

Discipline(s) Approved: On Ice Off Ice Off Ice Dance Instructor Synchro

Additional information: _____
