



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 and 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, which are available in the CFSC office. 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 in the sole discretion of the Board of Directors.

I understand and agree that a Massachusetts CORI application must be completed in accordance with the CFSC CORI Policy, and submitted to the Club Office with this Application. This application will be sent to the Commonwealth of Massachusetts for processing, and may take up to two weeks to be returned. I understand that my Application will not be approved until this process is completed and my CORI Report is returned to CFSC.

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 Trust 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 _____

Office Use Only

___ Completed Application and Agreement

___ USFS Card No. _____

___ PSA

___ Certificate of Insurance

___ CORI