



Guest Coach Form

Guest Coach's Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail: _____

Home Club: _____

USFSA Membership Number: _____ Expiration: _____

PSA Membership Number: _____ Expiration: _____

Coach Liability Insurance Number: _____ Expiration: _____

Requested Session: Winter / Spring / Summer / Fall (circle one) Year: _____

Guest coaching fee (Out of Club Coaches only): \$100.00 Payable to AAFSC

Waiver of Liability

I expressly acknowledge that I am aware that normal and usual ice skating activities could result in personal injury or damage. I knowingly assume all risks of personal injury and damage I may suffer by participating in any Ann Arbor Figure Skating Club ("AAFSC") sponsored lessons, practices, events and competitions (the "Activities"), and I give my unqualified permission and consent for myself to participate in any of the activities.

Visiting Coach Signature: _____ Date: _____

AAFSC Representative: _____ Date: _____