



Lincoln Center Skate Club Guest Coach Application

Date of Application: _____ USFS#: _____ PSA#: _____

Coach Name: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact number: _____ Contact email: _____

Home Club: _____ # Years: _____

Disciplines qualified to teach: _____

CER Rating: _____

Name(s) of LCSC member requesting Guest Coach: _____

I understand and agree to the following:

- I must submit this application at least 14 days prior to visit with proper documentation/fees (listed below)
- LCSC Board will review applications and reserves the right to deny applications for any reason.
- Once approved, this agreement is valid for the current year. LCSC may terminate this agreement during the current year at any time for any reason.
- I have read and I will adhere to all LCSC policies and procedures as outlined in the current LCSC Handbook, available at in the Guest Coach binder at Hamilton Center's front desk and on the LCSC website.
- I may utilize LCSC ice time only while working with a current LCSC member.
- As a guest, I must pay LCSC a flat fee of **\$25.00 each day** I utilize club ice time. I must submit payment and sign the LCSC Guest Coach's book at Hamilton Center's front desk prior to taking the ice. **Failure to pay in a timely manner will result in late fees or loss of coach privileges.**
- I agree to work in the spirit of friendliness and cooperation with LCSC coaches and Hamilton Center staff. I am prohibited from soliciting any other LCSC skaters or skaters enrolled in Learn to Skate classes.
- I understand my use of LCSC ice is limited to private lessons and I am prohibited from instructing group lessons on or off ice that compete with LCSC group lessons or Learn to Skate lessons/classes
- I acknowledge that I will establish the fee schedule for private lessons at my sole discretion and that collection of fees is my sole responsibility.

Printed Name: _____

Signature: _____ Date: _____

Required with application:

1. A copy of insurance
2. A copy of USFS registration card & PSA card
3. A non-refundable membership fee of \$30.00 (Friends of LCSC)

Please submit the application, payment, and supporting documents in a sealed envelope marked GUEST COACH in the LCSC mailbox or mail to: LCSC PO Box 972 Columbus IN 47202

FOR LCSC USE ONLY:

Approved

Denied

Date Received _____

Date Reviewed _____

Date Notified _____

