

LCSC Guest Coach Application

Coach Name:		USFS#:	PSA#:		
Contact number:	Coach Name:		DOB: _	DOB:	
Disciplines qualified to teach:	Address:	City:	State:	ZIP:	
Disciplines qualified to teach: CER Rating: Name(s) of LCSC member requesting Guest Coach: understand and agree to the following: I must submit this application and receive approval prior to visit with proper documentation/fees (liste 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 of 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 payr and sign the LCSC Guest Coach's book at Hamilton Center's front desk prior to taking the ice. Failt 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 am prohibited from soliciting any other LCSC skaters or skaters enrolled in Learn to Skate classes. I understand my use of LCSC ice is ilmited to private lessons and I am prohibited from instructing greessons 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: Date: Date: Date: Required with application: A copy of insurance	Contact number:	Contact email:			
Vame(s) of LCSC member requesting Guest Coach:	lome Club:		#	Years:	
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A copy of insurance					
• •	Signature:		Date:		
A copy of USFS registration card & PSA card	Required with application:		Date:		
3. A non-refundable guest coach membership fee of \$30.00	Required with application: 1. A copy of insurance		Date:		

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	