



Visiting Coach Information Sheet

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email: _____

Emergency Contact Name: _____ Phone: (_____) _____

ISI Member: Yes No Member Number: _____

PSA Member: Yes No Member Number: _____

USFS Member: Yes No Member Number: _____

USFS Home Club: _____

Home Rink: _____

List other rinks where you are currently coaching: _____

I certify to the best of my knowledge the information provided is true and accurate.

Printed Name Date

Signature

For Office Use Only

- Copy of Insurance on file
- Copy of NSIA Ice Etiquette and Rink Policies given to coach
- Signed Waiver