



## Coaches Supplementary Membership Registration Form

SEPT. 1, 2007 – JUNE 30, 2007

MAIL TO:

You Must Also Fill Out the Regular Membership Form. Attach This to Your Membership Form or Send When You Become a Coach or Change Info—No Charge for an update. The info on this sheet is voluntary. You must be 18+ yrs. to post this info.

USFIFS

P.O. Box 1970

Bolingbrook, IL 60440

Phone: 708-707-0992

Fax: 630-378-9928

<b>Name</b> _____ Use the Name that you would want to appear on the website)	<b>USFIFS #</b> _____ (Leave blank if new or unknown)												
<b>Where do you teach ?</b> _____ _____													
<b>What skills do you teach?</b> _____ _____ _____													
<b>Coaching Memberships and Certifications:</b> _____ _____ _____													
<b>Do you have coaches liability insurance or bond? If so, who is the organization or company that provides it?</b> _____													
<b>Do you have CPR/First Aid Training and Certification (Circle one)? Y or N or Training only</b>													
<b>Skating Officer, Official, Judge and current/past positions held in skating organizations (Include any judges certifications and levels)</b> _____ _____ _____													
<b>Check which of the following information you would like posted on the Internet. Space may be limited for additional info. (Due to legal concerns only information about coaches 18 years and older can be posted):</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Name</td> <td><input type="checkbox"/> Email:</td> <td><input type="checkbox"/> Coaching Certifications</td> <td><input type="checkbox"/> Skating Levels and Tests Passed</td> </tr> <tr> <td><input type="checkbox"/> Address</td> <td><input type="checkbox"/> Skating Officer Experience</td> <td><input type="checkbox"/> Liability Insurance or Bond Coverage</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Phone</td> <td><input type="checkbox"/> Coaching Memberships</td> <td colspan="2"><input type="checkbox"/> Other (write here, on back, or attach another sheet)</td> </tr> </table>		<input type="checkbox"/> Name	<input type="checkbox"/> Email:	<input type="checkbox"/> Coaching Certifications	<input type="checkbox"/> Skating Levels and Tests Passed	<input type="checkbox"/> Address	<input type="checkbox"/> Skating Officer Experience	<input type="checkbox"/> Liability Insurance or Bond Coverage		<input type="checkbox"/> Phone	<input type="checkbox"/> Coaching Memberships	<input type="checkbox"/> Other (write here, on back, or attach another sheet)	
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<b>I would like to be considered for the following: Member of Board of Directors, Officer of Board of Directors, Committee Chair, Committee Member or other positions. (Feel free to attach additional sheets or send an email ):</b> _____ _____													
<p><i>The above information is true and accurate to the best of my knowledge. I understand that the USFIFS reserves the right to edit and reject content for any reason. I also understand that USFIFS in not responsible for the accuracy of the information posted, but will make an attempt to correct any incorrect information after notification as soon as reasonably possible . USFIFS may reject any changes if they are not consistent with the goals of the organizations and will remove any listings upon request or if inappropriate as soon as reasonably possible</i></p> <p><b>Your Signature</b> _____</p> <p><b>Date:</b> _____</p> <p style="text-align: center;"><i>(This form must be signed in order to post your information)</i></p>													

8/20/07