



Coaches Registration Form

Mail To:

Diana Ronayne
Shattuck-St. Mary's School
P.O. Box 218
Faribault, MN 55021 USA

Fax To:

To submit this registration via fax:
1-507-333-1683

Questions?

If you have questions, contact us at:
1-507-333-1563 or 1-800-617-8469
E-mail: dronayne@s-sm.org

Visit us on the web: www.s-sm.org

(Please type or print)

Name of Coach _____ Female Male
Address _____
Home Telephone () _____ Cell phone () _____ Business () _____
Fax () _____ E-mail _____
Primary Coaching Arena _____ State _____
Figure Skating Club Affiliation _____
Membership USFS# _____ PSA# _____ ISI# _____
Liability Insurance Company *(Must submit a copy of insurance)* _____

Skaters Registered in Camp:

1. _____	Week # 1 2 3	8. _____	Week # 1 2 3
2. _____	Week # 1 2 3	9. _____	Week # 1 2 3
3. _____	Week # 1 2 3	10. _____	Week # 1 2 3
4. _____	Week # 1 2 3	11. _____	Week # 1 2 3
5. _____	Week # 1 2 3	12. _____	Week # 1 2 3
6. _____	Week # 1 2 3	13. _____	Week # 1 2 3
7. _____	Week # 1 2 3	14. _____	Week # 1 2 3

(Coaches with less than 5 students registered: Room and Board is \$50.00 per night)

Will you be boarding at Shattuck-St. Mary's while coaching? Yes No

Dates of Boarding: Arrival _____ Departure _____ Number of nights _____ X \$50.00 = \$ _____

Dates of Coaching: (ex. Mon. 6/8 thru Fri. 6/12) _____

PSA Rated? Yes No Rating level: _____

Are you interested in teaching additional private lessons? Yes No

If Yes, what level do you prefer: Low: _____ Int: _____ High: _____

Hourly rate: \$ _____ per hour

Release – I release all employees of the Shattuck-St. Mary's School and any other party involved in the organization and administration to and from the site. I hereby declare that the participant is in good physical health, and, in case of emergency, I grant permission for me or my child to receive medical treatment at a local hospital. We will abide by all Facility Rules and Regulations. By signing this form, I hereby accept all responsibility and assume all costs that might be incurred in the event of an injury or accident. I agree that I will not receive payment refund for any circumstances with the exception of a medical emergency. All cancellations must be received prior to the first week of the start of the program to qualify for refund of fee, less any non-refundable deposits. Failure to meet this deadline means forfeiture of all payments. Parents/Guardians agree to promotional use of the email address and photos taken of participants, children or adults, during activities associated with any Shattuck-St. Mary's School functions and/or activities.

Coach's Signature: _____ Date Signed: _____

Payment Information: *(Full payment required)* Check Visa MasterCard Wire Transfer

Name on Credit Card _____ Credit Card # _____ Exp. Date _____

Signature _____ Date _____