



# Skate Canada Professional Coach Registration Form – New Coaches

Valid from September 1, 2009 through August 31, 2010

**Professional Coaching Membership fees for the 2009/2010 membership year are as follow: (New Coaching Member)**

Total amount due from <b>Ontario coaches</b> (including \$5.25 Ontario Insurance Sales Tax)	<input type="checkbox"/>	\$ 170.90
Total amount due from <b>Quebec coaches</b> (including \$5.91 Quebec Insurance Sales Tax)	<input type="checkbox"/>	\$ 171.56
Total amount due from coaches <b>outside</b> Ontario and Quebec	<input type="checkbox"/>	\$ 165.65
Foreign coaches	<input type="checkbox"/>	\$ 185.65

### PERSONAL INFORMATION (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden name \_\_\_\_\_ Skate Canada Registration Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (business) \_\_\_\_\_ (home) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Section \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_\_ Date became a Skate Canada Coach \_\_\_\_\_

Gender: Female:  Male:  Language: English  French

Number of hours per week you coach: < 15  15-24  25-34  35 plus  CAC number: \_\_\_\_\_

### PAYMENT INFORMATION

Cheque or Money Order: \$ \_\_\_\_\_ Visa  MasterCard  Credit Card number: \_\_\_\_\_

Expiry date (mm/yy): \_\_\_\_\_ Name of cardholder: \_\_\_\_\_

### FORM MUST INCLUDE

- A valid First Aid Certificate
- A copy of your NCCP Coaching Qualifications
- Police Clearance & Positions of Trust Check completed through BackCheck as per Skate Canada regulations

**Please indicate the Skate Canada Organizations where coaching (attach additional information on a separate sheet)**

Organization \_\_\_\_\_ Organization Number \_\_\_\_\_

Organization \_\_\_\_\_ Organization Number \_\_\_\_\_

Organization \_\_\_\_\_ Organization Number \_\_\_\_\_

**Coach Declaration:**

I hereby apply for membership in Skate Canada. I attest that I meet all qualifications required as per Skate Canada Rule 2400. I also attest that I hold a valid first Aid Certificate with the expiry date being \_\_\_\_\_ (copy attached). If accepted, I further hereby confirm that I have read fully the terms of the Code of Ethics and agree to accept the terms and be bound by this Coaches Code of Ethics.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return to: Skate Canada National Office, Member Services Dept.  
865 Shefford Road Ottawa, Ontario K1J 1H9  
Phone: 1.888.747.2372 Ext. 2519 Fax: 1.877.211.2372**