



## Coaches Registration Summer 2012

**Mail To:**  
 Diana Ronayne  
 Shattuck-St. Mary's School  
 P.O. Box 218  
 Faribault, MN 55021

**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 1-800-617-8468  
 E-mail: [dronayne@s-sm.org](mailto:dronayne@s-sm.org)

Visit us on the web: [www.s-sm.org](http://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 \_\_\_\_\_

Skaters Registered in Camp: (Week 1—June 10-16, Week 2—June 17-23, Week 3—June 24-30)

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. 6/11 thru Fri. 6/15) \_\_\_\_\_  
 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:  Check  Visa  MasterCard  Wire Transfer  
 Name an Credit Card \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_