

VALLEY FIGURE SKATING CLUB

2021-2022 SEASON

Coaches Registration

The Board of Directors of the Valley Figure Skating Club (VFSC) welcomes you to another season of skating. We hope this packet of information will be helpful to you as you register for the coming year. If you have any questions, please call Faith Tetting, Coach Registration at 920-277-3045.

The following forms must be returned by June 30, 2021 to begin or continue your membership with Valley Figure Skating Club.

- _____ 1. **COACH INFORMATION SHEET**: Please fill out all the information requested on the form. This information is necessary for a complete record. PLEASE NOTE: phone numbers and email addresses that are provided are for VFSC use only.
- _____ 2. **AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**: Please read carefully, complete and return with registration materials.
- _____ 3. **SKATER'S RULES AND PROCEDURES**: Please go over these rules. These rules are for both the skater and the coach (pro-call policy included). Please sign & return.
- _____ 4. **MEMBERSHIP DUES**: When you return the ice registration materials, remember to include your club dues for the 2021-2022 season.

DUES FOR July 1, 2021-June 30, 2022:

1.	\$140.00	1 st skater. * \$30 Safesport Deduction
2.	\$50.00	Each additional skater in the Family.
3.	\$55.00	Introductory Membership
4.	\$50.00	Associate membership
5.	\$50.00	Coaching Member
6.	\$80.00	Collegiate Member

PLEASE MAIL YOUR COACH REGISTRATION MATERIALS TO:

VFSC
c/o Faith Tetting
236 East Bluewater Way
Appleton WI 54913

VFSC is registering everyone online with USFS. If there are any questions, concerns or problems with any part of this registration, please do not hesitate to contact Faith Tetting at 920-277-3045

VALLEY FIGURE SKATING CLUB COACH INFORMATION SHEET

Please complete the information below to **coach on VFSC contracted ice**

If you are a new coach to VFSC you must also meet the requirements on Pages 5 & 6 of this packet

Coach Information

Name: _____ Birthday: _____
Address: _____ USFSA #: _____

Phone: _____ Alt. Phone: _____
Email: _____

Home Club _____

Requirements for VFSC Coaches:

1. **USFS Membership \$50.00 (payable to VFSC)**

2. **PSA Membership**

Attach a current membership card or confirmation of renewal or new membership

3. **Resume**

Must have a CURRENT resume on file. Please submit every 2 years

___ I submitted a resume last year

___ Attached is a current resume

4. **Personal Liability Insurance**

Attach a copy of your CURRENT Personal Liability Insurance

This can be obtained thru the USFS website or the PSA website

5. **USFS Coaches Registration**

Must be completed by July 1st. This must be done online at www.usfsa.org. This includes a Background Check, which varies in cost from: \$40.00 w/liability insurance or \$170 w/o liability insurance. Results will be verified with USFS.

___ YES, I have registered with the USFS and will **submit my background check results by 7/1/21.**

___ **USFSA SafeSport training/compliance is now a USFS coaches requirement.** Can be done online at www.usfsa.org

6. **Continuing Education (PSA and USFS)**

Must be completed by 7/1/21

VFSC will follow the same categories and requirements as the USFS and PSA and results will be verified with PSA.

___ YES, I have completed my CER with PSA and will submit the results by 7/1/21.

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY (Required)

Coach's Name: _____

(Please Print)

In consideration of being allowed to participate in the Tri-County Ice Arena/Appleton Family Ice Center/Valley Figure Skating Club program, related events and activities, including, but not limited to programs at the Arena and Off-site, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including, but not limited to, the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation; and
3. I willingly comply with the stated and customary terms and conditions for participation. If, however, I observe, or in the case of a minor, the parent(s) or legal guardian(s) observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE AND HOLD HARMLESS, TRI-COUNTY RECREATION ASSOCIATION, TRI-COUNTY ICE ARENA, APPLETON FAMILY ICE CENTER, THE TOWN OF MENASHA, WINNEBAGO COUNTY, OUTAGAMIE COUNTY AND THE VALLEY FIGURE SKATING CLUB, their representative administrators, members, directors, agents, coaches, officials, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, including, but not limited to, at the Arena, in transit to or from the Arena, hereinafter referred to as "releases", from any and all liability to each of the undersigned, and any and all claims, demands, losses or damages on account of INJURY, DISABILITY, OR DEATH, or loss or damage to property.
5. I also understand and accept the fact that by the terms of the ice rental contract between Tri-County Recreation Association, Appleton Family Ice Center and the Valley Figure Skating Club, the Tri-County Recreations Association, Inc., the Tri-County Arena, the Town of Menasha, Winnebago County, Outagamie County, and the officers, directors, supervisors and employees of the above entities are not responsible for any property damage or loss suffered by me which occurs in the locker rooms or any other area wherein property of mine or the skating club is kept or stored, either permanently or temporarily.
6. This waiver and release is understood to supersede and take precedence over any other agreement or representation, whether written or oral, which contradicts the terms of this waiver.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND HEREBY SIGN IT FREELY, VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Participant's Signature

Participant's PRINTED Name

Date

Emergency Contact Person

Emergency Phone Number

Participant's Address