



**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**