



Pavilion Skating Club of Cleveland Heights, Ohio
Guest Coach Registration Form
 2017-2018 Season

FORM 4 (rev 7/2017)

PLEASE PRINT

Coaches Name: _____ Home Club: _____

Address: _____ City: _____

Home No: (____) _____ Work No.:(____) _____ State: _____ Zip: _____

Cell No : (____) _____ Email : _____

Emergency Contact: _____ Contact Number: (____) _____

USFS Number: _____ PSA Member: (Yes/No) _____ CER Level : (A, B or C) _____

Other Coaching Registration: (If Applicable) _____

Tests Passed: Moves: _____ Freestyle: _____ Dance: _____

In order to participate and coach on Pavilion Skating Club of Cleveland Heights (PSC) sessions or activities I understand, accept and acknowledge the following :

- ▶ Notify the PSC and PSC Pro-Chair at least 48 hours in advance of arrival using by sending notification to the following:
 Pro-Chair: Molly German @ mollydgerman@gmail.com
 Club Office: psccluboffice@gmail.com
- ▶ Copies of the following information shall be provided to the ice monitor with this form each year. USFS Coach Compliance Card and Liability Insurance Certificate. If USFS Coach Compliance Card not yet available, then a copy of USFS Coach Compliance status from website showing completed background check, PSA Membership and Liability Insurance Certificate.
- ▶ Guest coach privileges are intended for coaching not more than 1 day per week over a limited period of time. Privileges can be revoked upon notification. Please follow all ice, music, prop and harness rules so as not to disrupt the normal session activities.
- ▶ Priority order for activities is as follows until capacity is reached 1) Contracted Skaters 2) Walk-on Club Members 3) Walk-on Associate Members 4) Walk-on Guests
- ▶ If less than 12 skaters are contracted for a session; PSC reserves the right to cancel a session, change levels or disciplines as needed. Session level requirements are identified in the current ice contract.
- ▶ Current USFS membership is required for skaters to participate in all on-ice and off-ice activities. Coaches shall assure skaters pay ice monitor prior to entering ice. LTS membership for Coach or Skater is generally not accepted for Open Club Session.
- ▶ This form and waiver forms shall be required annually or upon changes in contact information.
- ▶ Ohio Law requires providing the attached "Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations." The Coach or PSC may ask skaters exhibiting signs of a concussion to leave the on-ice or off-ice activity and will not permit them to return until he/she receives written clearance from a physician or a health care professional authorized by law.

I have reviewed, signed and acknowledge acceptance of the waiver and release agreements (page 2 of form). I have provided the following verification of credentials to the Pavilion Skating Club of Cleveland Heights and request Guest Coach Privledges.

- USFS Coach Compliance Card, expiration dated 6/30/2018.
- Liability Insurance Certificate
- Or
- Alternate Form of Compliance (USFS Background Verification, PSA Membership and Liability Insurance Certificate)

Signed: _____ Print Name: _____ Date: _____
 (Coach or Guardian if under 18 yrs of age) (Print signature name)

RETURN COMPLETED FORM TO CLUB OFFICE (ICE MONITOR OR MAIL TO:

Pavilion Skating Club of Cleveland Heights
 1 Monticello Blvd.
 Cleveland Heights, OH 44118

Pavilion Skating Club of Cleveland Heights

FORM 3 (Rev 2017)

RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

In consideration of my participation in any Pavilion Skating Club program or activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below, and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Pavilion Skating Club of Cleveland Heights, its officers, Board of Trustees, members, volunteers and agents, and any sponsors and advertisers of any Pavilion Skating Club event in which I participate (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, defend, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I acknowledge that the Pavilion Skating Club of Cleveland Heights and the facility at which the activities take place has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. I/We hereby acknowledge that the Pavilion Skating Club of Cleveland Heights shall not be responsible for the supervision of members or guests at Club activities including Club Ice.

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to the Pavilion Skating Club and the facility at which the activities are taking place in and their staff and the members of the Pavilion Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. All associated cost shall be paid by the participant or parent/guardian.

NAME, LIKENESS and IDENTIFIABLE INFORMATION CONSENT and RELEASE

By participating in a Pavilion Skating Club of Cleveland Heights activity or United States Figure Skating sanctioned event, for good and valuable consideration, I release and grant to the Pavilion Skating Club of Cleveland Heights and U.S. Figure Skating, including its subsidiary and affiliated entities, the right to use my name, likeness, image, photograph, voice, video, athletic performance, biographical information and other indicia of identity, in any format whatsoever, from the event or general club activities including information collectively known as "my identification" (including: name, parents name, city and state of residence, home club, age, achievements/ tests passed), and to distribute, broadcast and exhibit my Identifications, without charge, restriction or liability, in any media now known or hereafter devised (including, but not limited to television, internet [including web site, e-newsletter and e-blast], web casting, video streaming and event media files or cd's) or in various publication (including, but not limited to, SKATING Magazine, directories or media guides, event programs, marketing materials and rink bulletin boards) into perpetuity, unless otherwise rescinded in writing to the boards of the Pavilion Skating Club of Cleveland Heights.

I further grant the use of my contact information provided on forms filled out (including, but not limited to address, phone number and e-mail) to the Pavilion Skating Club of Cleveland Heights for event and club activity announcement or coordination (including, but not limited to, event notifications, club roster, volunteer sign-up, USFS membership and event registrations, or emergency contact).

I understand that I will not receive any compensation for any such use of my Identifications. It is also agreed that at no time can the Pavilion Skating Club of Cleveland Heights or the U.S. Figure Skating release or authorize the use of my Identifications to an unrelated third party for the purpose of my endorsement of any commercial property, product or service, without my written permission.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement, consent to treat and information release and fully understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Signature (Parent/Legal Guardian if under 18)

Date