



## CIFSC Junior Coaching Application

Skaters Name: \_\_\_\_\_

Skaters Cell Phone #: \_\_\_\_\_

Age: \_\_\_\_\_

MIF Level: \_\_\_\_\_

Freeskate Level: \_\_\_\_\_

What qualities will make me a good Junior Coach?

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I am available to train during the following classes (*circle all that apply*):

Mondays 4:30-5:30 PM

Saturdays 10:45 AM-12:15 PM

Sundays 12:15-1:45 PM

Parent Signature: \_\_\_\_\_

Coach Signature: \_\_\_\_\_