



CIFSC Junior Coaching Application

Skaters Name: _____

Skaters Cell Phone #: _____

Skaters Email: _____

Parents Email: _____

Age: _____

MIF Level: _____

Freeskate Level: _____

What qualities will make me a good Junior Coach?

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

Mondays 4:30-5:30 PM

Saturdays 8:45-9:45 AM

Sundays 12:45-1:45 PM

Parent Signature: _____

Coach Signature: _____