

Coverage is effective upon receipt of application,
payment of fee and successful completion of background check.



**PROFESSIONAL MEMBERSHIP &
LIABILITY INSURANCE PROGRAM
ENROLLMENT FORM**

Membership Term 7/1/19 – 8/31/20

- Professional Membership (\$85)
- Liability Insurance (\$85) MUST HAVE PROFESSIONAL MEMBERSHIP
- International Professional Membership (\$85)
- The ISI Handbook (\$30 incl. S&H)

FOR OFFICE USE ONLY

AFFILIATION TYPE

- Skating Instructor/Coach
- Skating Director
- Affiliate
- Hockey Instructor/Coach
- Hockey Director
- Other _____

ISI Number _____ If **New** – Referred by _____

ISI Administrative Member Affiliation/Home Rink/Club/School _____

For Liability Insurance: List any additional insured(s) to be named on the policy: _____

Email copy of certificate to **United States Figure Skating**

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State/Province _____ Zip _____

Country _____ Phone Number _____ Birth Date _____

Email Address _____ Gender _____

Applicant is a professional instructor/coach who derives income from performing, teaching or coaching ice skating or hockey. Applicant understands and agrees to abide by the ISI's Code of Ethics and Tenets of Professionalism. Also, applicant has never been charged and/or convicted of sexual abuse or misconduct. Applicant has not been charged and/or convicted of any crime or felony in the past 10 years.

I hereby confirm and verify the information and statements above.

Signature _____ Date _____

For a participant who is a minor (under 18 years old at time of enrollment), this certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to the terms provided.

Signature _____ Date _____

PAYMENT TYPE (circle one) Check VISA M/C Amex Discover

NON-REFUNDABLE

(All fields required)

Credit Card Number _____ **TOTAL \$** _____

Name on Card (please print) _____

Credit Card Exp Date _____ **Card Billing Zip Code** _____ **Card Security**

No _____

Cardholder Signature _____

Phone (must be included) _____ **email** _____

Please invoice rink: _____ P.O. # _____