

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 7/1/25 – 8/31/26

- Professional Membership (\$100)
- Liability Insurance (\$120) MUST HAVE PROFESSIONAL MEMBERSHIP
- The ISI Handbook (\$37 incl. S&H)

AFFILIATION TYPE

- Skating Instructor/Coach Skating Director
- Hockey Instructor/Coach Hockey Director

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 acknowledge and agree that: I understand and accept the risk of injury, paralysis, and death, resulting from my participation in the aforementioned program. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and full responsibility for my participation; and, I willingly agree to comply with the rules, terms, and conditions of participation. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the sponsoring Arena or League and the ISI, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, to the fullest extent permitted by law.

I hereby confirm and verify the information and statements above.

Signature _____ Date _____

All professional members must be 18 years of age at the time of enrollment.

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

NON-REFUNDABLE

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. # _____
(Arena Manager Signature)