



PSA Apprentice Program

Name _____ PSA No. _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Rinks/Clubs where you coach: _____

Type of PSA Member: Full Associate Intern

Liability Insurance: Yes No *(Insurance is a requirement.)*

Have you received and reviewed the apprentice guidelines? Yes No

Present PSA Ratings if any: _____

Discipline(s) of apprenticeship: _____

Level of apprenticeship:(✓) _____ 1 (registered) _____ 2 (certified) _____ 3 (senior) _____
4 (master) *(A minimum of 30 hours is required for each discipline.)*

Master-rated coach you will apprentice with: *(Must hold an active Master-Rating in the discipline you are going to apprentice in.)*

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Current ratings of mentor _____

Apprentice signature _____ Date _____

Mail a \$30 application fee (check payable to PSA) for each level/discipline (i.e. L1 FS) with the application and agreement to:

PSA, 3006 Allegro Park SW, Rochester, MN 55902



PSA Apprentice Program Agreement

(Please complete an Agreement for each discipline or Mentor that you are apprenticing with.)

It is agreed that _____ will
(Apprentice's name)

Apprentice with _____ in _____
(Mentor's name) (Specified discipline)

at the _____ level *(1, 2, 3, or 4)*

Proposed lesson schedule:

_____ Hours per week observing and assisting group lessons

_____ Hours per week observing private lessons

_____ Hours per week in off-ice instruction

_____ Hours per week of private instruction (on-ice)

Other _____

NOTE: The apprenticeship must be completed within two (2) years of application or you will be required to re-apply in order to receive a certificate.

Signatures:

_____/_____/_____
Apprentice Date

_____/_____/_____
Master coach Date Rating(s)

_____/_____/_____
Master coach Date Rating(s)

Mail a \$30 application fee (check payable to PSA) with the application and agreement to:
PSA, 3006 Allegro Park SW, Rochester, MN 55902