



Professional Skaters Association

# APPRENTICE PROGRAM AGREEMENT

It is agreed that \_\_\_\_\_  
(Apprentice's name)

will apprentice with \_\_\_\_\_ in \_\_\_\_\_  
(Mentor's name) (Specified discipline)

at the \_\_\_\_\_ level (registered, certified, ect.)

### 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Signatures:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Apprentice Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mastercoach Date Rating(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mastercoach Date Rating(s)

Mail a \$25 application fee (check payable to PSA) and application and agreement to:

**PSA  
3006 Allegro Park SW  
Rochester, MN 55902**



Professional Skaters Association

## APPRENTICE PROGRAM

*Please Print clearly or type.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Rinks/Clubs where you coach: \_\_\_\_\_

Type of PSA Member:     Full             Associate             Intern

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 and level: \_\_\_\_\_

*(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 \_\_\_\_\_ Email \_\_\_\_\_

Current ratings of mentor: \_\_\_\_\_

Apprentice signature \_\_\_\_\_ Date \_\_\_\_\_

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