

EMAIL: info@pickering skatingclub.ca

OFFICE: Pickering Recreation Centre, Delaney Rink

MAIL: P.O. Box 215, Pickering, ON, L1V 2R4

WEB: www.pickering skatingclub.ca



2017-2018 PROGRAM ASSISTANT APPLICATION

Instructions: Complete all information below and submit Program Assistant (PA) Application, along with post-dated (April, 29, 2018) deposit cheque (\$250), to SCPSC by dropping off at our office at the Pickering Recreation Centre, Delaney Rink, or mailing: Attention SCPSC, P.O. Box 215, Pickering, Ontario, L1V 2R4. (cheque will be destroyed in May 2018 if PA sessions are fulfilled)

Please note: Skaters will not be allowed on the ice until the PA Application and deposit cheque are received.

PA's First Name:	PA's Last Name:	Birthdate (yyyy-mm-dd):	Age:
Home Phone:		Cell Phone:	
PA's Email:		Email may be used by SCPSC for notification of club news and to register member(s) with Skate Canada for membership distribution. The Club DOES NOT release email information to 3 rd parties.	
Current STARSkate level:		<input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Senior	
Years of Program Assistant Experience:		<input type="checkbox"/> None <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years or more	
High School Students:		<input type="checkbox"/> Want hours for High school volunteer credit	# of hours:

PROGRAM ASSISTANT TRAINING (Required: 1 Off Ice Session & 1 On Ice Session)

Off Ice Training	<input type="checkbox"/> Saturday, September 16: 12:00 – 2:00 pm <input type="checkbox"/> Sunday, September 17: 10:00 am – 12:00 pm
On Ice Training	<input type="checkbox"/> Saturday, September 16: 11:00 am – 12:00 pm <input type="checkbox"/> Tuesday, September 19: 6:00 – 7:00 pm

PROGRAM ASSISTANT SESSIONS (Required: 1 Session per week minimum. Multiple days encouraged!)

Please check preferred session(s):

<input type="checkbox"/> Sunday AM	<input type="checkbox"/> Sunday PM	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday
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As a Program Assistant (PA), I agree to abide by the following:

1. I will be ON TIME and will be ready and dressed 10 minutes before the assigned session start time.
2. If I am unable to assist on a session that I have committed to, it is my responsibility to find a replacement. I will also inform the coaching coordinator for the session.
3. I agree to attend all required Program Assistant training sessions.
4. I will wear appropriate clothing (no jeans), skating outfit, club wear, tracksuit and long hair tied back.
5. I will not bring food or drinks on the ice.
6. I will be available for the warm up and to help the younger skaters. I will stay with my group(s) as instructed by the coach.
7. I will assist and take instruction from the coach during the lesson.
8. I will be available off ice to assist with lacing skates.
9. I will remember that I am a role model for younger skaters and will behave appropriately on and off the ice.
10. I am making a commitment for the whole season. If for some reason, I am not able to fulfill this commitment, I will contact the appropriate Coaching coordinator.
11. I give Skate Canada Pickering Skating Club permission to include my phone number on a list to be distributed to other Program Assistants and coaches to be used internally within SCPSC.

Signature (Skater) _____ Date: _____

Signature (Parent/Guardian) _____ Date: _____

OPT OUT OPTION

<input type="checkbox"/> I CHOOSE NOT TO PA & HAVE ENCLOSED MY CHEQUE FOR \$250 (cheque needs to be dated on the day of registration)	Date:	SCPSC Initial:
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