

COACH COURSE REGISTRATION FORM

1. Name: _____
2. Address _____

- City _____
- State/ZIP _____
3. Phone (_____) _____
4. email Address _____
5. Location of this course and date _____
6. Home DZ _____
7. Number of Jumps _____
8. Years in skydiving _____
9. USPA Membership Nr _____ Exp Date _____
10. USPA License Nr _____
11. Check as appropriate:
 - I have a copy of the SIM and IRM Yes No
 - I have read the Coach Course portion of the IRM Yes No
 - I have read the BSRs in the SIM Yes No
 - I have read the ISP in SIM Yes No
 - I have completed the prerequisites on the proficiency card Yes No
 - I know how to spot for a jump Yes No

Office Use Only	
<p>Before Course</p> <ul style="list-style-type: none"> <input type="checkbox"/> USPA Membership verified <input type="checkbox"/> USPA License verified <input type="checkbox"/> Jumps in logbook verified <input type="checkbox"/> Proficiency Card prerequisites verified 	<p>Payments</p> <p>_____ Advance payment</p> <p>_____ Payment at Course</p> <p>_____ Total</p>
<p>After Course</p> <ul style="list-style-type: none"> <input type="checkbox"/> USPA Documents complete <input type="checkbox"/> Air Skills Evaluation form(s) <input type="checkbox"/> Ground Training Evaluation form(s) <input type="checkbox"/> Student's Written Exam(s) <input type="checkbox"/> Proficiency Card Completed <input type="checkbox"/> USPA and SDU Payment (Circle: cash – check – credit card) <input type="checkbox"/> Endorsement in personal log book 	

Notes: