

Learn to Skate Membership #	
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BOARD USE ONLY				
PAID IN FULL				
DATE				
INITIALS				

North Country Skating Club

PLEASE PRINT

Member Name:	DOB (mm/dd/yyyy):					
Full Address:						
Phone Number: Ema	il Address:					
Skater's Current Level (From Previous	ous Year):					
Snow Plow 1-4	= \$250 (Monday and Friday)					
Basic 1-6, Pre-Free, FS	= \$350 (Monday and Friday)					
Mandatory club t	fee + \$10					
Total Due (\$50 deposit and Club fee due upon registration):						
Please note payments will NOT b	e installments as per the installment plan below*). be accepted on the first night of skating. eposits are due by October 5, 2025.					
· · · · · · · · · · · · · · · · · · ·	yments will not be eligible to attend lessons.					
I, the undersigned, understand the North Country Skatin Member Name (Print)	ng Club assumes NO responsibility for personal loss or injury. Parent/Guardian Name (Print)					
	authorize any physician/member of the medical staff					
of any hospital or trained EMT to render medical treatmer Member Name) I	nt which, in his/her judgment, may be necessary for (Print understand that neither NCSC nor anyone associated with and dental expenses incurred as a result of participation in this					
Insurance Co.	Policy/Group #					
Name of Physician	Physician's Phone #					
Parent/Guardian (Signature)	Date					
Photo Release I, (Parent/Guardian: Print Name) Facebook, Instagram or webpage	allow for NCSC to use my child's picture on their					
Parent/Guardian Name (Signatus	re) Date					

* Installment Plan

Snow Plow 1-4 Installments: Deposit of \$50 + \$10 club - at time of registration November 14, 2025 - first payment of \$50 December 12, 2025 - second payment of \$50 January 16, 2026 - third payment of \$50				Basic 1-6, Pre-Free, and FreeStyle Installments: Deposit of \$50 + \$10 club - at time of registration November 14, 2025 - first payment of \$75 December 12, 2025 - second payment of \$75 January 16, 2026 - third payment of \$75				
February 13, 2026 -	fourth payment of	f 50	Febr	uary 13, 2026 - fourth p	ayment of \$75			
***Late Fee: There is a \$25 late payments and exception late fee decisions are FINAL	s will be determi							
** Returned Item Fee: There will be a \$40 fee if your check is returned. This is charged by the BANK, and we have no control over this so it cannot be waived.								
I have read the information ab above terms regarding the inst		-		ed check fees. I underst	and and agree to the			
Pare	nt/Guardian Namo	Date						
TO BE COMPLETED BY NCSC BOARD MEMBERS ONLY:								
Registration/Deposit	Amount Paid \$	Date	Balance \$	Cash/Check #	by			
November Payment	Amount Paid	Date	Balance \$	Cash/Check #	by			

December Payment

January Payment

February Payment

Amount Paid

Amount Paid

Amount Paid

\$

Date

Date

Date

Balance

Balance

Balance

\$

Cash/Check #

Cash/Check #

Cash/Check #

by

by

by