



Learn to Skate Membership # _____

BOARD USE ONLY

PAID IN FULL

DATE _____

INITIALS _____

North Country Skating Club

PLEASE PRINT

Member Name: _____ DOB (mm/dd/yyyy): _____

Full Address: _____

Phone Number: _____ Email Address: _____

Skater's Current Level (From Previous Year): _____

_____ Snow Plow 1-4 = \$125 (Monday and Friday)

_____ Basic 1-6, Pre-Free, FS = \$175 (Monday and Friday)

Mandatory club fee + \$10

Total Due (\$50 deposit and Club fee due upon registration): _____

(You may pay in full at registration or make installments as per the installment plan below*). Please note payments will NOT be accepted on the first night of skating. All registration forms and deposits are due by October 17, 2025.

Anyone who has not made timely payments will not be eligible to attend lessons.

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I, the undersigned, understand the North Country Skating Club assumes NO responsibility for personal loss or injury.

Member Name (Print)

Parent/Guardian Name (Print)

I, (Parent/Guardian: Print Name) _____ authorize any physician/member of the medical staff of any hospital or trained EMT to render medical treatment which, in his/her judgment, may be necessary for (Print Member Name) _____. I understand that neither NCSC nor anyone associated with NCSC will assume responsibility for accidents or medical and dental expenses incurred as a result of participation in this program. Parents/Guardians are responsible for all expenses.

Insurance Co. _____ Policy/Group # _____

Name of Physician _____ Physician's Phone # _____

Parent/Guardian (Signature) _____ Date _____

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Photo Release

I, (Parent/Guardian: Print Name) _____ allow for NCSC to use my child's picture on their Facebook, Instagram or webpage

Parent/Guardian Name (Signature)

Date

*** Installment Plan**

Snow Plow 1-4 Installments:

January 16, 2026 - First payment of \$67.50

February 13, 2026 - Second payment of \$67.50

Basic 1-6, Pre-Free, and FreeStyle Installments:

January 16, 2026 - First payment of \$92.50

February 13, 2026 - fourth payment of \$92.50

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*****Late Fee:** There is a \$25 late fee if payments are not made on time. The Board must be notified in ADVANCE of late payments and exceptions will be determined on a case-by-case basis if ADVANCE notice is provided ONLY. All late fee decisions are FINAL.

**** 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 about the installment plans, late fees, and returned check fees. I understand and agree to the above terms regarding the installment plans, late fees, and returned checks.

Parent/Guardian Name (Signature)

Date

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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	Amount Paid \$	Date	Balance \$	Cash/Check #	by
January Payment	Amount Paid \$	Date	Balance \$	Cash/Check #	by
February Payment	Amount Paid \$	Date	Balance \$	Cash/Check #	by