



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 \_\_\_\_\_

### 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