



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 = \$250 (Monday and Friday)

\_\_\_\_\_ Basic 1-6, Pre-Free, FS = \$350 (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 5, 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:**

Deposit of \$50 + \$10 club fee - at time of registration  
November 13, 2026 - first payment of \$50  
December 11, 2026 - second payment of \$50  
January 8, 2027 - third payment of \$50  
February 19, 2027 - fourth payment of 50

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

Deposit of \$50 + \$10 club fee - at time of registration  
November 13, 2026 - first payment of \$75  
December 11, 2026 - second payment of \$75  
January 8, 2027 - third payment of \$75  
February 19, 2027 - fourth payment of \$75

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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.

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|                                           |               |
|-------------------------------------------|---------------|
| _____<br>Parent/Guardian Name (Signature) | _____<br>Date |
|-------------------------------------------|---------------|

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**TO BE COMPLETED BY NCSC BOARD MEMBERS ONLY:**

|                      |                   |      |               |              |    |
|----------------------|-------------------|------|---------------|--------------|----|
| Registration/Deposit | Amount Paid<br>\$ | Date | Balance<br>\$ | Cash/Check # | by |
| November Payment     | Amount Paid<br>\$ | Date | Balance<br>\$ | Cash/Check # | by |
| December Payment     | Amount Paid<br>\$ | Date | Balance<br>\$ | Cash/Check # | by |
| January Payment      | Amount Paid<br>\$ | Date | Balance<br>\$ | Cash/Check # | by |
| February Payment     | Amount Paid<br>\$ | Date | Balance<br>\$ | Cash/Check # | by |