

Skating Club of New Hartford

4 Mill Street, PO Box 152, New Hartford NY 13413

Freestyle Registration Form

20__ / 20__ Season

Date: _____

Skater: _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip:** _____

Skater PHONE: _____ **Parent/Emergency Phone:** _____

Parent(s) name(s): _____

*** **e-mail:** _____ ***

Current Age: _____ **Gender:** _____

USFS # _____ **Primary Coach:** _____

SCNH Home Club Member – fee paid / date - _____ **OR**

Other Home Club _____

BRIDGE / ASPIRE / INTRO Freestyle:

Ice Fees: **\$350**
2 sessions/week +
Team Skills **OR** Style / Stroking
Admin: **\$50**
Other: _____

TOTAL Due: _____

BRIDGE (Pre-Freeskate, Badge Freeskate)

- Sunday group lesson 6pm
- Wednesday 6pm

INTRO (No-test/Beginner) Freestyle

(choose 2)

- Sunday 6pm _____
- Sunday 7:45pm _____
- Monday 5pm _____
- Wednesday 4:45pm _____
- Wednesday 6pm _____
- Thursday 4pm _____

50% payment _____
Check _____ Date: _____
Rcd: _____

2nd payment _____
Check _____ Date: _____
Rcd: _____

FULL Freestyle: LOW / MIDDLE / HIGH

Ice Fees: **\$450**
4 OPEN sessions / week
+ Style / Stroking
Admin: **\$50**
Other: _____

TOTAL Due: _____

50% payment _____
Check _____ Date: _____
Rcd: _____

2nd payment _____
Check _____ Date: _____
Rcd: _____

Tests passed:

Freestyle: _____
Skating Skills: _____
Dance: _____

Final payments due November 15