

**2024 Summer Freestyle Ice at Whitestown**

Hosted by

**Skating Club of New Hartford**

**July 11, 19, 25**

Additional summer freestyle sessions have become available on **Thursdays in July – 5:30 – 6:20pm**. The Club will offer three 50-minute sessions at the BRIDGE / LOW level. The cost will be \$55 for the 3-week package. Summer Drop-in rate / session is \$25 (\$15 for summer package skaters). We reserve the right to change the level of this session to OPEN if there are insufficient LOW/Bridge registrations by June 17. Registered skaters will be informed if there are any changes made to this package.

**Bridge / LOW** – skaters must have passed Learn to Skate Badge 6 AND have an identified private lesson coach. Skaters may have passed NO HIGHER than Pre-preliminary Singles or Preliminary Skating Skills.

SKATER: \_\_\_\_\_ USFS #: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent name: \_\_\_\_\_ Cell: \_\_\_\_\_

Alt. Parent/Guardian name and cell: \_\_\_\_\_

Skater email: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

*(please circle preferred method of contact – **but provide ALL information**)*

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HIGHEST TEST PASSED: (USFS or Learn to Skate)

Singles: \_\_\_\_\_ Skating Skills: \_\_\_\_\_ Dance: \_\_\_\_\_ Badge: \_\_\_\_\_

Home Club: \_\_\_\_\_

Coach: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

Coach: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

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Requests will be filled in the order they are received. Sessions will be considered full at 15 skaters. Checks should be made payable to SC of New Hartford. Please complete all sections and return this page with your payment.

All skaters and coaches must complete the 2024/25 Season Club liability waiver prior to their first session on July or August ice. Waiver is available on the website: SCNH.org.

All skaters and coaches must have an active 2024/25 membership (USFS, ASPIRE, Learn to Skate). Memberships expire on June 30, 2024. Please contact your home club to renew.

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Amount Paid: \_\_\_\_\_ Check/Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Rcd: \_\_\_\_\_

Waiver Signed: \_\_\_\_\_ Current Membership: \_\_\_\_\_

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Please mail payment to

SCNH, PO Box 152, New Hartford NY 13413 or  
Beth Martin, 10723 Cosby Manor Rd, Utica, NY 13502 or  
return to a SCNH Session monitor