



**Peabody Skating Club**  
 United States Figure Skating Association  
 Basic Skills Program  
 2018-2019



SKATERS NAME: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

AGE: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ email \_\_\_\_\_

PREFERRED HOUR: 5:15-6:05PM:

6:15-7:05PM:

Please note that the *Hockey Fundamentals* class is only available from 5:15-6:05, and the *Hockey Advanced Skills* and *Advanced Figure Skating* classes are only available from 6:15-7:05

Has the student ever participated in the Peabody Skating Club before? \_\_\_\_\_

If so: When? Who was the Instructor? \_\_\_\_\_

If not: How did you hear about us? \_\_\_\_\_

Has the student ever participated in any other USFSA Badge program? \_\_\_\_\_

If so: When? Where? \_\_\_\_\_

What Badges has the student earned? Snow Plow Sam (1-3) \_\_\_\_\_ Basic (1-8) \_\_\_\_\_  
 Hockey (1-4) \_\_\_\_\_ Free Skate (1-6) \_\_\_\_\_

Does the student have any medical or other issues we should know about? (e.g. diabetes, asthma, autism) \_\_\_\_\_

From time to time, we may take photographs of our group lessons and special events which may be used for promotional purposes (in advertisements, on Facebook, or on our website). In order to use a photograph of your child, we need your consent. All photos will be anonymous: no child will be 'tagged' or otherwise identified without further parental consent.

I GIVE photo consent

I DO NOT GIVE photo consent

Parent/Guardian's SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Office Use	NOTES:
Registration Fee _____	
Fall Payment _____	
Winter Payment _____	
Spring Payment _____	