



Peabody Skating Club

United States Figure Skating Association
Basic Skills Program
2020-2021



SKATERS NAME: _____

Parent/Guardian Name: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: _____

AGE: _____ DATE OF BIRTH: _____ email _____



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 _____ | |