



Peabody Skating Club
United States Figure Skating Association
Basic Skills Program
2025-2026



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 *Advanced Figure Skating/ Free Skate*
and *ADULT* 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 (1-4) _____ Basic (1-6) _____

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 _____