

North Andover Figure Skating Club, Inc.
NAFSC Application Form

Skater's Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Email _____

Cell# (emergency purposes) 1. _____ 2. _____

*Skater's age _____ Female _____ Male _____

*Medical conditions/concerns or allergies: _____

*Consent to have photographs of my child displayed in a local newspaper: Yes ___ No ___

*Beginner: _____

*Prior skating history - if not a beginner or NAFSC member _____

***All skaters are required to have a parent or guardian or responsible adult present during lessons. Please do not leave the rink during the skater's hour of instruction. Thank you.**

Please mail this application and your check to:

North Andover Figure Skating Club

PO Box 313

North Andover, MA 01845

***Medical Release (must be signed)**

I understand that each parent is responsible for providing hospital/medical insurance for his/her child. I understand NAFSC will not carry supplemental accident insurance. I hereby agree to the rules of the NAFSC and authorize instructors of the NAFSC in the event of an injury to my child to use their best judgement in providing medical attention. I agree not hold the NAFSC or its instructors liable in excess of the liability insurance policy for each participant provided by the NAFSC.

Parent Signature _____ Date _____