

**North Andover Figure Skating Club
Application Form 2009 - 2010**

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Birth Date _____ Age _____ F or M

I give my consent to have photographs of my child displayed in a local newspaper. Please add a checkmark in the box to the right.

Please return this application and your check to:

North Andover Figure Skating Club
PO Box 313
North Andover, MA 01845

Registration fee is \$230 per child for the season.

Medical Release: (must be signed)

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

Parent Signature _____ Date _____