

North Star Figure Skating Club

P. O. Box 856
Northborough, MA 01532
(508)366-1562 x 221

NEW _____

_____Renewal

Application for Pre-Shining & Shining Stars Membership (effective from July 1, 2011 - June 30, 2012)

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

**Email address:(required) _____

Home Phone #: _____ Mobile # _____

Person to contact in case of emergency: _____ Phone: _____

Current Basic Skills level: _____

Membership numbers: USFS Basic Skills # _____ (will be given by USFS)

NSFSC Shining Stars Membership	Cost:	\$100.00	_____
NSFSC Shining Stars Family Membership	Cost:	\$150.00	_____
NSFSC Pre-Shining Star Membership	Cost:	\$100.00	_____
NSFSC Pre-Shining Star Family Membership	Cost:	\$150.00	_____

Credit/Check # _____/Cash Amount paid: _____

All skaters and parents should review Club Policies BEFORE submitting Membership. When you apply for membership you are agreeing to abide by these policies.

By signing below, I UNDERSTAND THAT:

- There is a \$15.00 fee for payments 10 days late, the skater will not be allowed to skate and will lose all USFSA privileges.
- There is a \$25.00 fee for ANY returned checks.
- There are NO credits, refunds or transfers of ice time or payments.
- I will not receive any bill regarding ice payments.
- The policies of the North Star Figure Skating Club will be enforced and I agree to abide by them.

Parent/Guardian Signature: _____ Date: _____

(Must sign Assumption and Acknowledgment of Risks & Release of Liability Agreement on back)

