

FREESTYLE / ASPIRE ICE: SUMMER 2025

SCNH is offering the following Summer Freestyle skating sessions at the NEXUS Center for registered USFS freestyle skaters meeting the test criteria.

OPEN: must have passed Pre-Preliminary Singles

Aspire/Low: Passed Badge 6 through not passed Preliminary Singles or Pre-Bronze Skating Skills

**** Adults:** Sessions approved on an individual basis **Mid/High:** passed Preliminary Singles

ALL Exceptions must be requested by a coach (48 hr. notice) and are subject to Board approval.

A maximum of 15 skaters will be scheduled per session.

Contract skaters will have priority for drop-in spots at start of sessions.

Contract skater drop-in rate is \$20/ session. Non-contract drop-in rate is \$25/session.

A non-skating adult must sign up to monitor at least 1 day / session / skater to receive make-ups. The Club reserves the right to cancel sessions that do not have a monitor. For sessions with limited spaces available, priority for make-ups will go to those that have fulfilled/surpassed their monitoring requirements.

See “Monitor Signup” on SCNH.org website.

June 30th to August 21st

MONDAY 10am – 10:50am (OPEN)

TUESDAY¹ 6pm - 6:55pm (ASPIRE / LOW / ADULT)**

TUESDAY² 6:55 – 7:50pm (MID/HIGH)

WEDNESDAYS 5pm – 5:50pm (OPEN)

THURSDAY 6:00pm - 6:50pm (OPEN)

For any sessions canceled by NEXUS, refunds will not be issued but make-ups will be allowed, space permitting

Aspire/Adult: 1 session/wk. \$140 (no ice 7/22)

FS: 1 session/wk. \$155 2 sessions/wk. \$285 3 sessions/wk. \$385 4 sessions/wk. \$480

Skaters should use a single registration form to indicate chosen sessions for all packages – package prices/times are different for each season. Skaters will be allowed limited makeups per season, once monitoring obligations are fulfilled. All skaters must have completed the SCNH on-line liability waiver.

50% of package fee is due with registration. Deposits (50%) for July/August packages are due **June 1st**. Final payment must be paid no later than the skater's first day on that session. No skater may skate without their contract being paid in full for that season. No pro-rating of sessions. No refunds after start of season. No refunds for canceled sessions.

Remember USFSA membership must be renewed with your home club (or SCNH) by July 1st.

These sessions will be held only if there are sufficient pre-registrations to adequately cover the ice costs. If the club does not receive sufficient contracts, sessions will be modified/canceled. **LATE FEE (\$20) applies after June 6th.**

Requests will be filled in the order they are received. – Checks should be payable to: SC of New Hartford

Questions: Beth Martin - bethscnh@gmail.com, 315-725-9091 or scofnh@gmail.com

2025 SUMMER FREESTYLE ICE AT NEXUS CENTER

HOSTED BY

THE SKATING CLUB OF NEW HARTFORD

Requests will be filled in the order they are received. Checks payable to: SC of New Hartford

Please add late fee of \$20 after June 6th

Please complete all areas and return this page with payment.

(ALL skaters must complete the liability/medical waiver, available at SCNH.org)

July / August package prices:

Aspire Tuesday: 1 session only: \$140 (no ice 7/22)

Freestyle: 1 session/wk. \$155 2 sessions/wk. \$285 3 sessions/wk. \$385 4 sessions/wk. \$480

Circle session choice/s: Monday / Tuesday¹ (ASPIRE/LOW/ADULT) / Tuesday²
(Mid/High) / Wednesday / Thursday

Aspire/Low: Passed Badge 6 - not passed Preliminary Singles; Mid/High: passed Preliminary Singles
OPEN: must have passed Pre-Preliminary Singles

SKATER: _____ USFSA# : _____ Cell _____

Parent name _____ Home Phone: _____ Cell _____

Alt. parent/guardian name/s and phone #) _____

Skater e-mail: _____

Parent e-mail: _____

Make-up day requests (if applicable) _____

(Please circle preferred method of contact – but **provide all information.**)

AGE: _____ FREESTYLE Passed: _____ MOVES passed: _____ DANCE _____

HOME CLUB: _____

COACH (es): _____ phone: _____ email: _____

COACH (es): _____ phone: _____ email: _____

SCNH Liability Waiver is Completed: _____ USFSA will be renewed with my home club : _____

CONTRACT DUE: July/August _____ USFSA _____ Misc. _____ Total _____

INITIAL PAYMENT: _____ CHECK #: _____ Date: _____ RCD: _____

FINAL PAYMENT: _____ CHECK #: _____ Date: _____ RCD: _____

Waiver Signed: _____ USFSA Renewed: _____ CHECK #: _____

Drop off w/ SCNH FS monitor during club ice sessions
Or Mail to: Beth Martin, 10723 Cosby Manor Rd. Utica, NY 13502