

FREESTYLE/ASPIRE SPRING ICE: April – June 2025

SCNH is offering the following Freestyle skating sessions at the NH Recreation Center (April) and at the Nexus Center (May/June) for registered USFS freestyle skaters meeting the test criteria.

OPEN: must have passed Pre-Pre Skating Skills.

Aspire/Low: Passed Badge 6 through not passed Preliminary Singles or Pre-Bronze Skating Skills **Adults: Approved on individual basis Mid/High: passed Prelim Singles.

ALL Exceptions must be requested by a coach (48 hr. notice) and are subject to Board approval. 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 maximum of 15 skaters will be allowed per session.

A non-skating adult must sign up to monitor 1 day/session/skater to receive make-ups. See "Monitor Signup" on SCNH.org website.

March 31st to May 2nd (note time changes on 4/10)

 $MONDAY^{1}$ 5pm – 6pm (OPEN), $MONDAY^{2}$ 6 – 7pm (OPEN)

WEDNESDAYS 5pm - 6pm (OPEN)

THURSDAY¹ 6:40pm - 7:35pm (ASPIRE/LOW/ADULT**) - note 4/10 6:30-7:30

THURSDAY² 7:35 - 8:30pm (MID/HIGH) - note 4/10 4:30-5:30

FRIDAYS 5:30pm - 6:30pm (OPEN)

Spring prices:

1 session/wk. \$80

2 sessions/wk. \$150

3 sessions/wk. \$210

4 sessions/wk. \$260

5 sessions/wk. \$300

May 6th to June 27th (no ice on 6/19 - 1 make-up for open skaters)

TUESDAY¹ 6pm - 6:55pm (ASPIRE/LOW/ADULT**), TUESDAY² 6:55 – 7:50pm (MID/HIGH)

WEDNESDAY¹ 6pm - 6:55pm (OPEN), WEDNESDAY² 6:55pm – 7:50pm (OPEN)

THURSDAY¹ 6pm - 6:55pm (ASPIRE/LOW/ADULT**), THURSDAY² 6:55pm - 7:50pm (MID/HIGH)

FRIDAYS 6pm - 6:50pm (OPEN) May 9th – June 6th only (3 make-ups)

Aspire/Adult: 1 sessions/wk. \$135 2 sessions/wk. \$240

FS: 1 sessions/wk. \$155 2 sessions/wk. \$275 3 sessions/wk. \$375 4 sessions/wk. \$420 5 /wk. \$440

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.

50% of April package is due with registration. Deposits (50%) for May/June packages are due April 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. Remember USFSA membership must be renewed 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/cancelled. APRIL LATE FEE (\$20) applies after March 25th. MAY/JUNE LATE FEE (\$20) applies after April 15th.

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 SPRING FREESTYLE ICE AT NH RECREATION AND NEXUS CENTER HOSTED BY

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 March 25th for April – after April 15th for May/June

Please complete all areas and return this page with payment.

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

April Packages: 1 session/wk 4 sess		ns/wk. \$150 sessions/wk. \$300	3 sessions/wk. \$210	
•	,		.DULT**)/ TH² (Mid/Hig 0-7:30, Mid/High 4:30-5:	• •
Aspire/Low: Passed	Badge 6 - not passed Pre	liminary Singles; M	d/High: passed Prelim Single	es
•	5 2 sessions/wk. \$275 3	sessions/wk. \$375 (ASPIRE/LOW	4 sessions/wk. \$420 5/wk /ADULT) / Tu² (Mid/Hig	
SKATER:	XATER:USF		Cell	
rent name Home Phone		me Phone:	Cell	
Alt. parent/guardian name/s a	and phone #)			
Skater e-mail:				
Parent e-mail:				
Make-up days (if applicable)				
(Please ci	rcle preferred method of	contact – but provi	le all information.)	
AGE:FREESTYLE Passed: MOVES p		OVES passed:	DANCE	
HOME CLUB:			_	
COACH (es):			:	<u> </u>
COACH (es):	phone:	ema	l:	
CONTRACT DUE: April	May/ June	Misc	Total	
INITIAL PAYMENT:	CHECK #:	Date:	RCD:	
2nd PAYMENT:	CHECK #:	Date:	RCD:	_
3 rd PAYMENT:	CHECK #:	Date:	RCD:	_
FINAL PAYMENT:	CHECK #:	Date:	RCD:	
Waiver Signed:	USFSA Summer	Renewed:	CHECK #:	