



1063 Hope Street, Stamford, CT 06903
 (203) 968-9000 Ex 16 (203) 321-1522 FAX



Springdale Figure Skating Club
 P.O. Box 4557
 Stamford, CT 06907-0557

www.SpringdaleFSC.org

Figure Skating Sessions Registration Procedure and Information

The Springdale Figure Skating Club in cooperation with Stamford Twin Rinks and the STR Learn to Skate program welcomes all skaters to its figure skating sessions with priority given to Springdale FSC members. To make your skating more enjoyable and safe, we ask that everyone follow the Stamford Twin Rinks general rules and the Springdale Figure Skating Club's skating rules.

Figure Skating Program

The Figure Skating Program is divided into four seasons - Fall, Winter, Spring, Summer. You may subscribe by choosing the days and times desired in each season as detailed on the Stamford Twin Rinks Registration Form. Fill out the form and return it with full payment in person, by mail or fax, or register online, www.StamfordTwinRinks.com. Registration forms for the Summer program will be available in the Spring. **Sign up for Fitness and Off-Ice Edge classes on the pink Ballet Registration Form**

Subscriber Priorities

All subscribers are guaranteed a place on the session no matter what time they arrive. You are encouraged to subscribe to insure your place on a session, especially if you have a lesson each week.

Walk-ons are allowed if session is not fully subscribed - (up to 30 skaters, total, per session)

***Monday 5:25 pm, Friday 3:50 pm and Saturday 8:05 am sessions**

(no hockey lessons or skaters with hockey skates)

Rates-Subscribed (early registration)

50 min.- \$10
 1 hr. 15 min. - \$13
 Thurs. AM Adult/Low Freestyle 1 hr. 30 min.- \$13
 AM Figure Skating Punch Cards, 2 hrs. 50 min.- \$12

Rates-Walk-on (guest fee per session)

50 min.- \$16
 1 hr. 15 min. - \$19
 Thurs. AM Adult/Low Freestyle, 1 hr. 30 min.-\$19
 AM Figure Skating Sessions, 2 hr. 50 min.- \$16

**Subscribers must check in at the admissions window before skating, for attendance.
 Walk-on fee (Guest fee) must be paid in advance. All skaters must wear a leg sticker.
You will be asked to leave the ice if you are not wearing a sticker.**

Payment and Refund Policy

Payment in full is required when registering. Reselling of ice time, switching or make-up of sessions is not permitted. Refunds will be issued only with a medical excuse from a physician, less a service charge of 15% of total fees subscribed, or 15% of sessions remaining to be skated.

Early Morning Figure Skating Punch Card (20 sessions)

Early morning figure skating sessions are not subscribed. You may pay the single walk-on rate per session or purchase a discount punch card. Punch cards may be used for **Monday, Wednesday, and Friday morning figure skating sessions, only**, from September through mid-June, except holidays. Discount punch cards are not transferable but may be used by other family members.

Private Lessons

Private lessons are available from Staff Professionals ONLY. Arrangements are made directly with the professional of your choice. Skaters pay for lessons in advance by purchasing lesson tickets at the admissions window. Students give the "Pro" copy of the ticket to the professional at the time of each lesson. Ask at the admissions window for a list of professionals.

Stamford Twin Rinks

SPRINGDALE FIGURE SKATING CLUB

FIGURE SKATING SCHEDULE

September 6, 2011 - June 15, 2012

DEFINITIONS and SESSION PRIORITIES Anyone may skate on all sessions, but the following disciplines and levels listed below, have right of way on the designated sessions. On all sessions, yield to a skater or team performing their program to music played over the PA system and to coaches giving lessons. Please observe the rules for session priorities listed on the “Skating Safely, Right of Way and Music Guidelines” chart posted on the bulletin board, in the rink, and in the club directory.

Open Freestyle All levels MIF, Freestyle and Dance (observe SFSC Rules for Figure Skating Sessions)
Low Freestyle No test through Juvenile MIF, Pre-Juvenile Freestyle and Pre-Silver Dance test
Adults Adults, all levels MIF, Freestyle and Dance
Open Dance/MIF All Dance and MIF levels

SCHEDULE OF SESSIONS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-8:50 am Open Freestyle		6:00-8:50 am Open Freestyle		6:00-8:50 am Open Freestyle	
					*8:05-9:20 am Open Freestyle
					9:30-10:20 am Adult/Low Freestyle
			11:50 am-1:20 pm Adult/Low Freestyle		
2:10-3:00 pm Open Freestyle	2:10-3:00 pm Open Freestyle		2:10-3:00 pm Open Freestyle		
3:00-3:50 pm Open Freestyle	3:00-3:50 pm Open Freestyle	2:40-3:30 pm Open Freestyle	3:10-4:25 pm Open Freestyle	2:50-3:40 pm Open Freestyle	
		3:30-4:20 pm Open Freestyle	4:35-5:50 pm Low Freestyle	*3:50-5:05 pm Low Freestyle	
*5:25-6:40 pm Low Freestyle	5:00-5:50 pm Open Freestyle	4:30-5:45 pm Open Dance/MIF			
	5:50-7:05 pm Adult/Low Freestyle (split rink session)		6:00-6:50 pm Adult/Low Freestyle (split rink session)		

*No hockey lessons and no skaters with hockey skates allowed

No Figure Skating Sessions

Saturday, September 17, 2011 (Hockey Tournament)
 Thanksgiving - Thursday, November 24, 2011
 Memorial Day - Monday, May 28, 2012

Christmas Vacation - Thursday, December 22, 2011 - Monday, January 2, 2012
 Figure Skating sessions to be announced



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FIGURE SKATING REGISTRATION FORM September 6, 2011 - June 15, 2012

Name _____ Home Phone _____ Age _____ Birthdate _____
 Address _____ City _____ State _____ Zip _____
 E-mail Address _____
 Parents' Name _____ Bus. Phone _____
 Home Club _____ USFSA Reg. # _____ Professional's Name _____
 Tests Passed: Figure _____ Free _____ Moves _____ Dance _____

Check subscriptions desired:

Days	Time		Fall 9/7-12/22	Winter 1/3-3/24	Spring 3/26-6/15	Total
Monday	2:10- 3:00 pm	Open Freestyle	15 wks. <input type="checkbox"/> \$160	11 wks. <input type="checkbox"/> \$120	11 wks. <input type="checkbox"/> \$120	\$ _____
	3:00- 3:50 pm	Open Freestyle	15 wks. <input type="checkbox"/> \$160	11 wks. <input type="checkbox"/> \$120	11 wks. <input type="checkbox"/> \$120	\$ _____
	5:25- 6:40 pm	Low Freestyle	15 wks. <input type="checkbox"/> \$205	11 wks. <input type="checkbox"/> \$153	11 wks. <input type="checkbox"/> \$153	\$ _____
Tuesday	2:10- 3:00 pm	Open Freestyle	16 wks. <input type="checkbox"/> \$170	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	3:00- 3:50 pm	Open Freestyle	16 wks. <input type="checkbox"/> \$170	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	5:00- 5:50 pm	Open Freestyle	16 wks. <input type="checkbox"/> \$170	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	5:50- 7:05 pm	Adult/Low Freestyle (split rink)	16 wks. <input type="checkbox"/> \$218	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
Wednesday	2:40- 3:30 pm	Open Freestyle	16 wks. <input type="checkbox"/> \$170	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	3:30- 4:20 pm	Open Freestyle	16 wks. <input type="checkbox"/> \$170	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	4:30- 5:45 pm	Open Dance/MIF	16 wks. <input type="checkbox"/> \$218	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
Thursday	11:50- 1:20 pm	Adult/Low Freestyle	14 wks. <input type="checkbox"/> \$192	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
	2:10- 3:00 pm	Open Freestyle	14 wks. <input type="checkbox"/> \$150	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	3:10- 4:25 pm	Open Freestyle	14 wks. <input type="checkbox"/> \$192	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
	4:35- 5:50 pm	Low Freestyle/MIF	14 wks. <input type="checkbox"/> \$192	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
	6:00- 6:50 pm	Adult/Low Freestyle (split rink)	14 wks. <input type="checkbox"/> \$150	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
Friday	2:50- 3:40 pm	Open Freestyle	15 wks. <input type="checkbox"/> \$160	12 wks. <input type="checkbox"/> \$130	12 wks. <input type="checkbox"/> \$130	\$ _____
	3:50- 5:05 pm	Low Freestyle	15 wks. <input type="checkbox"/> \$205	12 wks. <input type="checkbox"/> \$166	12 wks. <input type="checkbox"/> \$166	\$ _____
Saturday	8:05- 9:20 am	Open Freestyle	14 wks. <input type="checkbox"/> \$192	12 wks. <input type="checkbox"/> \$166	11 wks. <input type="checkbox"/> \$153	\$ _____
	9:30- 10:20 am	Adult/Low Freestyle	14 wks. <input type="checkbox"/> \$150	12 wks. <input type="checkbox"/> \$130	11 wks. <input type="checkbox"/> \$120	\$ _____

TOTAL FOR SESSIONS \$ _____

EARLY REGISTRATION BONUS Deduct \$10 per Subscription, # of Subscriptions _____ x \$10 \$ _____

if you register by **Aug. 19 - Fall Season,** **Dec. 21 - Winter Season,** **Mar. 16 - Spring Season**

TOTAL \$ _____

<input type="checkbox"/> AM FS Session Punch Card* *May be used for any Mon, Wed, Fri, 6:00-8:50 am figure skating session (non-Subscription) from September through mid-June (may not be used for afternoon, holiday, or summer sessions)	20 sessions - \$240 \$ _____
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TOTAL ENCLOSED \$ _____

Cash Check Visa Mastercard Credit Card # _____ Exp. Date _____

Cardholder's Signature _____ Date _____

Check payable: **Stamford Twin Rinks** Return with full payment in person to Stamford Twin Rinks,
 or by mail to **Stamford Twin Rinks, 1063 Hope Street, Stamford, CT 06907 Attention: Figure Skating**

PLEASE SIGN WAIVER ON OTHER SIDE

WAIVER OF LIABILITY

I agree to waive liability and release any and all claims against RivCan Associates, owner ("Owner") of Stamford Twin Rinks (the "Facility"), its owners, Springdale Figure Skating Club, its members, and all of their officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my childrens' participation in these activities. I have read the Rules of the Stamford Twin Rinks and the Conduct of Skaters/Rules for Figure Skating Sessions of the Springdale Figure Skating Club and will abide by them. I have explained the Rules to my children. I agree that the staff of the Club or Facility may require the withdrawal from any session of any skater who violates the Rules.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____
(if applicant is under 18)

For office use:

Date received _____

Entered on figure skating session sign-up _____