

STR LEARN TO SKATE

Setting the standard for excellence and quality instruction.

ICE TOTS

SNOWPLOW SAM

(Ages 3 - 5)

Through three levels (SS1, SS2, SS3), these classes introduce preliminary skills to pre-school skaters not yet ready for the Basic 1 level. Helmets and gloves/mittens are required.

PARENT & TOT

(Ages 3 - 5)

Recommended for tots who are more comfortable in the presence of a parent. Tots learn balance and elementary skills. Parents should have basic skating ability.

BASIC SKILLS

(Ages 6 - 17)

BASIC

Girls/Boys (ages 6-17): B1 - B8
Home Schoolers (ages 6-12): B1 - B8

Eight planned levels (B1 - B8) allow a beginner to gain discipline, confidence and knowledge of basic skating skills in order to advance to the higher levels of figure skating and ice hockey. Teen classes cover four levels.

ADULTS

ADULT BASIC SKILLS

(AD BEG, AD B1 - AD B8)

Adults learn basic skating skills and progress at their own rate, while being challenged and motivated. Classes cover multiple levels.

ADULT FREESTYLE

Prerequisite: Adult Basic 8

Jumps, spins, footwork, and artistic moves are geared to the learning abilities of the adult skater.

ADVANCED

FREESTYLE

Prerequisite: Basic 8

Skaters of all ages learn jumps, spins, artistic moves, and footwork through six levels.

ADVANCED SKATING CLINIC

Prerequisite: Basic 6

Recommended: Additional group, private or team lesson

Skaters learn and practice Moves In the Field and Ice Dances with an emphasis on high-quality stroking, edges, and turns. Students will be divided into several levels, as appropriate.

HOCKEY

TOT HOCKEY

(Ages 3 - 5)

Prerequisite: Snowplow Sam 1

Introduction to hockey for preschool age skaters not yet ready for Hockey 1. Players will focus on skating skills necessary to succeed at hockey and will learn to use a stick and puck.

HOCKEY

Prerequisite: Basic 2

Designed to enhance skating power and speed for the beginning hockey player. Introduces and incorporates stick handling and goal tending skills.

Equipment for All Hockey Classes:

Helmet with face mask, stick, hockey gloves, shin pads.

SYNCHRO

SPITFIRES SYNCHRONIZED SKATING CLASS

Prerequisite - Basic 3

Recommended:

Additional group, private or team lesson

Introduction to Synchronized Skating. Skaters learn the skills needed to be ready to join the Spitfires Synchronized Skating team: hand and arm positions, formations, and footwork sequences.

SCHEDULE OF CLASSES

Cycle 3: January 5 - February 28, 2009 8 weeks

Cycle 4: March 2 - April 25, 2009 8 weeks

Cycle 5: April 27 - June 19, 2009 8 weeks

(NO CLASSES: Mon., May 25 (Memorial Day) Sat., June 20 (Hockey Tournament))

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	9:00-10:20 am <i>"Coffee Club"</i> Adults: All levels through Freestyle (Classes start at 9:30 am)				10:30-11:20 am SS1, SS2, SS3 B1, B2 (No adults allowed on ice from 10:30-11:20 am)
			11:50-1:20 pm AD BEG - B8 (Class 12:00-12:25 pm)		11:20-12:10 pm B3, B4, B5/6, B7/8, AD BEG & B1 AD B2-4, AD B5-8 Teen B1-4 (Only adults registered for lessons allowed on ice).
			1:20-2:10 pm SS1, SS2, SS3 Parent & Tot Home Schoolers B1-8 TOT HOCKEY		
		1:50-2:40 pm SS1, SS2, SS3, B1, B2		2:00-2:50 pm SS1, SS2, SS3, B1, B2, B3 TOT HOCKEY	
4:00-5:15 pm SS1, SS2, SS3 B1, B2, B3, B4, B5/6, B7/8 H1-4 SYNCHRO	4:00-4:50 pm SS1, SS2, SS3, B1, B2, B3, B4 B5/6, B7/8			3:50-5:05 pm Freestyle 1-3 Freestyle 4-6	
5:25-6:40 pm Freestyle 1-3 Freestyle 4-6		4:30-5:45 pm Advanced Skating Clinic		5:15-6:30 pm SS1, SS2, SS3, B1, B2, B3, B4, B5/6, B7/8 H1-4	
	5:50-7:05 pm AD B2-4, AD B5-8 AD Freestyle (Class 6:00- 6:25 pm)				

CLASS & PRACTICE TIMES

Snowplow Sam, Basic Skills, Hockey & Synchro:

Mon. 4:00 pm and Fri. 5:15 pm

Tues., Wed., Thurs., Fri. 2:00, and Sat.

Freestyle and Adult Tuesday PM Classes**

Adult Tuesday AM Class

Adult Thursday AM Class**

Advanced Skating Clinic (Wed.)**

Tot Hockey

25 minute lesson, 50 minute practice

25 minute lesson, 25 minute practice

25 minute lesson, 50 minute practice

25 minute lesson, 55 minute practice

25 minute lesson, 65 minute practice

50 minute lesson, 25 minutes practice

50 minute lesson (Skills and Games)

****Classes and practice held during Figure Skating session.**

Stamford Twin Rinks

U.S. Basic Skills Program

Cycle 3 1/5-2/28/09

Cycle 4 3/2-4/25/09

Cycle 5 4/27-6/19/09

REGISTRATION FORM

Please fill out a separate form for each member of the family.

Name _____ Age _____ Birthdate _____ M F Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Bus _____ Previously enrolled in STR Learn to Skate Yes (yr.) _____ No

E-mail Address _____

Circle class level: SS1 SS2 SS3 B1 B2 B3 B4 B5/6 B7/8 TEEN B1-4 Freestyle 1-3 Freestyle 4-6
 H1-4 AD BEG & B1 AD B2-4 AD B5-8 AD FREESTYLE

CHECK CLASS(ES) DESIRED IN EACH CYCLE:

Day	Time	Classes	Cycle 3	Cycle 4	Cycle 5	Total
Monday	4:00-5:15 pm	SS1-3, B1-8, H1-4, Synchro	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	7 wks. <input type="checkbox"/> \$150	\$ _____
	5:25-6:40 pm	Freestyle 1-3, Freestyle 4-6	8 wks. <input type="checkbox"/> \$208	8 wks. <input type="checkbox"/> \$208	7 wks. <input type="checkbox"/> \$183	\$ _____
Tuesday	9:00-10:20 am	Coffee Club Adults-all levels	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	4:00-4:50 pm	SS1-3, B1-8	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	5:50-7:05 pm	AD B2-4, AD B5-8, AD FREE	8 wks. <input type="checkbox"/> \$202	8 wks. <input type="checkbox"/> \$202	8 wks. <input type="checkbox"/> \$202	\$ _____
Wednesday	1:50-2:40 pm	SS1-3, B1-2	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	4:30-5:45 pm	Advanced Skating Clinic	8 wks. <input type="checkbox"/> \$228	8 wks. <input type="checkbox"/> \$228	8 wks. <input type="checkbox"/> \$228	\$ _____
Thursday	11:50-1:20 pm	AD BEG - B8	8 wks. <input type="checkbox"/> \$202	8 wks. <input type="checkbox"/> \$202	8 wks. <input type="checkbox"/> \$202	\$ _____
	1:20-2:10 pm	SS1-3,	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	1:20-2:10 pm	Parent & Tot	8 wks. <input type="checkbox"/> \$208	8 wks. <input type="checkbox"/> \$208	8 wks. <input type="checkbox"/> \$208	\$ _____
	1:20-2:10 pm	Home Schoolers B1-8	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	1:20-2:10 pm	Tot Hockey	8 wks. <input type="checkbox"/> \$212	8 wks. <input type="checkbox"/> \$212	8 wks. <input type="checkbox"/> \$212	\$ _____
Friday	2:00-2:50 pm	SS1-3, B1-3	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
	2:00-2:50 pm	Tot Hockey	8 wks. <input type="checkbox"/> \$212	8 wks. <input type="checkbox"/> \$212	8 wks. <input type="checkbox"/> \$212	\$ _____
	3:50-5:05 pm	Freestyle 1-3, Freestyle 4-6	8 wks. <input type="checkbox"/> \$208	8 wks. <input type="checkbox"/> \$208	8 wks. <input type="checkbox"/> \$208	\$ _____
	5:15-6:30 pm	SS1-3, B1-8, H1-4	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	\$ _____
Saturday	10:30-11:20 am	SS1-3, B1&2	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	7 wks. <input type="checkbox"/> \$150	\$ _____
	11:20-12:10 pm	B3-8, AD BEG-B8, Teen B1-4	8 wks. <input type="checkbox"/> \$170	8 wks. <input type="checkbox"/> \$170	7 wks. <input type="checkbox"/> \$150	\$ _____
Fill in information, below, and select child or adult		Skating/Ballet Combo: Child	8 wks. <input type="checkbox"/> \$222	8 wks. <input type="checkbox"/> \$222	8 wks. <input type="checkbox"/> \$222	\$ _____
		Skating/Ballet Combo: Adult	8 wks. <input type="checkbox"/> \$232	8 wks. <input type="checkbox"/> \$232	8 wks. <input type="checkbox"/> \$232	\$ _____

Skating/Ballet Combinations:

Child: 1 Snowplow Sam or Basic Skating Class and 1 Ballet Class (Pre-Ballet through Ballet II)

Adult: 1 Basic Skating Class & 1 Adult or III/IV Ballet Class

Skating Class: Day _____ Time Period _____ Class _____

Ballet Class: Day _____ Time _____ Class _____ (refer to pink Ballet Schedule for classes offered)

SUBTOTAL \$ _____

Family Deduction: If this registration is for an additional family member, deduct \$10 per cycle. \$ _____

Early Registration Bonus: Register by Dec 15-Cycle 3, Feb 13-Cycle 4, Apr 10-Cycle 5, Deduct \$10 per class \$ _____

TOTAL ENCLOSED \$ _____

Registration will not be accepted without full payment!

NO pro-rating of classes. NO make-up classes, credits or refunds (except for snow cancellation).

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

Cardholder's Signature _____ Date _____

Checks payable: Stamford Twin Rinks. **Return with full payment to:** Stamford Twin Rinks 1063 Hope Street, Stamford, CT 06907

PLEASE SIGN WAIVER AND READ INFORMATION ON OTHER SIDE!

IMPORTANT INFORMATION FOR STUDENTS

1. **On the first day of class, please arrive at the beginning of the time period you have chosen to find out your class time, practice time, and teacher. This information will be printed on your name tag.** We will evaluate each student on the first day of class to ensure proper class placement.
2. **Current students have priority to register up to one month before the start of each new cycle.** Thereafter, everyone is on a first-come first-serve basis. If your choice of class is filled, we will call to give you alternate choices.
3. **Your canceled check or credit card statement is your receipt and confirmation.** (A non-refundable processing fee of \$30 is included in the cost of the class.)

**ONLY SKATERS ENROLLED IN CLASSES ARE ALLOWED
ON THE ICE DURING GROUP LESSON TIMES!**

Come join the fun! Please check here if you would like to receive a phone call from a Springdale Figure Skating Club Member to learn more about our great club. We can answer your questions and tell you more about the benefits of joining the Springdale Figure Skating Club, which includes membership in U.S. Figure Skating, a subscription to *Skating* magazine, and a club newsletter. We hold official test sessions, ice shows, an annual Halloween party and lots more. Skaters have an opportunity to participate in community service events. Annual dues for the first family member are \$80; additional family members - \$37 each.

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 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 children's participation in these activities. I have read the Rules of the Stamford Twin Rinks and will abide by them. I have explained the Rules to my children. I agree that the staff of the 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 _____

Class card information entered _____