



# STR

Stamford Twin Rinks

***SPEND A COOL SUMMER WITH US!***

Mon.-Fri.  
9:00am -  
1:20pm

## TEEN SKATING CAMP



**THREE 3-WEEK SESSIONS**  
  
**Session 1:** June 27 - July 15  
**Session 2:** July 18 - August 5  
**Session 3:** August 8 - August 26  
  
***Or choose any single week(s)!***

**DAILY FUN!**  
✓ Group lesson, clinic, practice DAILY  
✓ Rotating off-ice activity  
(e.g. dance, pilates, hip hop, fitness)  
✓ Snack & lunch (purchase from Legends Café or bring your own)

### REGISTRATION FORM: SUMMER TEEN SKATING CAMP

(Please use one form per family member.)

STUDENT (M  F  ) \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (H) (\_\_\_\_\_) \_\_\_\_\_ ( BUS. OR CELL ) (\_\_\_\_\_) \_\_\_\_\_

Circle one skating level (beginners are Basic 1): **Basic 1 2 3 4 5/6 7/8 Freestyle 1 - 3 Freestyle 4 - 6**

**PICK A SESSION(S)!**  Session 1 (6/27-7/15)  Session 2 (7/18-8/5)  Session 3 (8/8-8/26) . . . . # of sessions x \$915 \$ \_\_\_\_\_

or **PICK A WEEK(S)!**  Week 1 (6/27-7/1)  Week 2 (7/4-7/8)  Week 3 (7/11-7/15)  Week 4 (7/18-7/22)  Week 5 (7/25-7/29)

Week 6 (8/1-8/5)  Week 7 (8/8-8/12)  Week 8 (8/15-8/19)  Week 9 (8/22-8/26) . . . . . # of wks x \$350 \$ \_\_\_\_\_

**BUDGET-FRIENDLY DISCOUNTS FOR 2011!**  
  
***For designated 3-week sessions only:***  
 Paying in full by 6/1/11 *Deduct \$50*  
 Paying a balance by 6/1/11 *Deduct \$25 (from balance)*  
  
**Sorry, no discounts for single weeks.** Refunds until 6/1/11, less 15% service charge. No discounts or refunds after 6/1/11.

*Camp T-shirt included with registration of 3 weeks or more!*  
Size:  Small  Medium  Large  X-Large

**SUBTOTAL** \$ \_\_\_\_\_  
**←←← DISCOUNTS** - \$ \_\_\_\_\_  
**LESS 50% DEPOSIT** \$ \_\_\_\_\_  
**TOTAL PAYMENT** \$ \_\_\_\_\_  
**BALANCE DUE** (if any) \$ \_\_\_\_\_

Cash  Check (payable to STR)  Visa/Mastercard CC# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT MEDICAL INFORMATION AND SIGN WAIVER ON REVERSE SIDE.**

**Please provide the following information:**

Primary physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Best way to reach you during camp hours in the event of an emergency:

Person/phone #1: \_\_\_\_\_

Person/phone #2: \_\_\_\_\_

**Please list any allergies (including food and medications) or medical conditions that might affect your child during camp hours.** (If your child has allergies or a medical condition for which he/she uses an epi-pen, inhaler, or other treatment, we will send you the required State of Connecticut consent forms for completion by your physician prior to the start of camp.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE:** The State of Connecticut requires that we obtain a Health Assessment form for every camper prior to the child’s first day of camp. Parents may download a form from the State’s web site at <http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/HAR.pdf>.

**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 and/or my children’s participation in these activities. I have read the Facility’s Rules, explained them to my children, and will abide by them. I agree that the Facility’s staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only:

Date received \_\_\_\_\_

Class information entered: \_\_\_\_\_