

STR Learn To Skate
Springdale Ballet Academy
(203) 968-9000, Ext. 4



STAMFORD TWIN RINKS
1063 Hope Street, Stamford, CT 06907
FAX (203) 321-1522

13th Annual Summer Skating and Ballet School

JULY 11- AUGUST 29, 2009

SUMMER SATURDAY ADULT GROUP SKATING LESSONS

SATURDAYS, 8 WEEKS: 10:00-10:50 am
(You may choose 7 or 8 weeks to allow for vacation. No classes July 4)

Levels: Beginner, Basic 1-8, Freestyle 1-6

Each 50-minute session includes a 25-minute lesson and 25-minutes practice.
(For Ballet School subscription, see Ballet School schedules & description on dark blue figure skating flyer)
For Adult Goup Lessons on weekdays, check green Group Skating Lesson form.

REGISTRATION FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH MEMBER OF THE FAMILY

Name _____ Home Phone _____ Age _____ Birthdate _____ M F

Address _____ City _____ State _____ Zip _____

E-mail Address _____

FEES: 8 weeks: \$166 7 weeks: \$147 (Minimum number - 7 weeks)

Register by 6/1/09 and deduct \$10

If less than 8 week course is chosen, check off weeks desired

7/11 7/18 7/25 8/1 8/8 8/15 8/22 8/29

(Only those weeks designated may be skated, you may not substitute another week for a missed class.)

LEVEL: (Circle one) Adult Beginner & Adult Basic 1 Adult Basic 2 - 4 Adult Basic 5 - 8 Adult Freestyle

TOTAL AMOUNT \$ _____

Registration will not be accepted without full payment. No make-ups or refunds

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

Cardholder's Signature _____ Date _____ Check payable: Stamford Twin Rinks

Return with full payment in person or by mail to: Stamford Twin Rinks, 1063 Hope Street, Stamford, CT 06907

PLEASE SIGN WAIVER ON REVERSE 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 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 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 _____

For office use:

Date received _____

Class card information entered _____