

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
JUNE 29 - AUGUST 28, 2009

SUMMER SKATING CAMP
“WARM-UP”
AGES 6 - 17

JUNE 23 - 25, 2009
9:00 - 11:45 AM

Daily Schedule

9:00 am - 9:45 am	Fitness
10:00 am - 11:15 am	Group Skating Lesson and Practice
11:20 am - 11:45 am	Off-ice Activity

Camp counselors fully supervise a daily program which includes a group skating lesson and practice (25 min. lesson and 50 min. practice). **Campers are grouped by age and level.**

REGISTRATION FORM

(PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER)

Name _____ Home Phone _____ Age _____ Birthdate _____ M F
Address _____ City _____ State _____ Zip _____
Parent/Guardian _____ Bus. Phone _____
E-mail Address _____

Level: (Circle one): Snowplow Sam 1 2 3 Basic 1 2 3 4 5/6 7/8 Freestyle 1 - 3 Freestyle 4 - 6

Tuesday, June 23, 2009 **Wednesday, June 24, 2009** **Thursday, June 25, 2009**

of days _____ x \$45 per day _____
All Three Days \$120 _____

Registration will not be accepted without full payment. No pro-rating, 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 and FILL OUT MEDICAL INFORMATION ON REVERSE SIDE.

Please provide the following medical information:

Primary Physician: _____ **Phone:** _____

Name of Insurance Carrier: _____ **Policy#** _____

Telephone number where you can be reached during camp hours: _____

Please list any allergies (including food and drug allergies) or medical conditions we should be aware of:

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 and the Springdale Ballet Academy 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 _____

Class card information entered _____

