

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 GROUP SKATING LESSONS

**THREE 3 WEEK SESSIONS**  
3 days per week: M/W/F or 2 days per week: T/Th  
Choose either: 10:00-10:50 am or 12:30-1:20 pm  
Adults: T/Th 10:00-10:50 am, only

**Levels:** Snowplow Sam 1-3 (ages 3-5)  
Basic 1-8 ages (6-12) Teens  
Freestyle 1-6 (all ages)

Each group skating lesson includes a 25-minute lesson and a 25-minute practice.  
(For Ballet School subscription, see Ballet School schedules & description on dark blue figure skating flyer)

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### 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 \_\_\_\_\_

3 days per week for 3 weeks: \$186       2 days per week for 3 weeks: \$127

**Register by 6/1/09 and deduct \$10 per session**

Please enroll me in:  Session 1 (6/29-7/17)       10:00-10:50      or       12:30-1:20      \$ \_\_\_\_\_  
 Session 2 (7/20-8/7)       10:00-10:50      or       12:30-1:20      \$ \_\_\_\_\_  
 Session 3 (8/10-8/28)       10:00-10:50      or       12:30-1:20      \$ \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

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

**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 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 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 \_\_\_\_\_