

Cassella Skating School
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 TEEN GROUP LESSON CAMP

AGES 12 - 17

THREE 3-WEEK SESSIONS

Session 1: June 29 - July 17, 2009

Session 2: July 20 - August 7, 2009

Session 3: August 10 - August 28, 2009

Single Weeks Available

9:00 am - 1:20 pm, Monday - Friday

Levels: Basic 1 - 8, Freestyle 1 - 6

Daily Group Lesson Camp Schedule

9:00 am - 9:45 am	Open Freestyle Session*
10:00 am - 10:50 am	Rotating Activity
10:50 am - 11:00 am	Snack
11:00 am - 11:30 am	Clinic
11:30 am - 12:20 pm	Lunch
12:30 pm - 1:20 pm	Group Skating Lesson

Camp counselors fully supervise a daily program which includes: 1 group skating lesson (25 min. lesson and 25 min. practice), 1 rotating activity daily, which may include ballet, jazz/tap, hip hop, and fitness class. *The open freestyle session may be used for practice, or you may book a private lesson. Children may purchase snack and lunch in the LEGENDS CAFE or bring their own. Camp T-Shirt included with registration of 3 weeks or more. *Sign up early, as space is limited.*

REGISTRATION FORM

PLEASE FILL OUT A SEPARATE FORM FOR EACH FAMILY MEMBER

Name _____ Age _____ Birthdate _____ M F T-Shirt size S () M () L () XL ()

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home Phone _____ Bus. Phone _____

E-mail Address _____

Fees: \$915 each 3-week session (only designated weeks); \$350 each single week

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

Please enroll me in: Session 1 (6/29-7/17) Session 2 (7/20-8/7) Session 3 (8/10-8/28) # of sessions _____ x \$915 \$ _____

Please enroll me in: week 1 (6/29-7/3) week 2 (7/6-7/10) week 3 (7/13-7/17) week 4 (7/20-7/24) week 5 (7/27-7/31)

week 6 (8/3-8/7) week 7 (8/10-8/14) week 8 (8/17-8/21) week 9 (8/24-8/28) # of weeks _____ x \$350 \$ _____

LESS 50% DEPOSIT \$ _____

BALANCE DUE 6/1/09 \$ _____

50% deposit required with reservation.

Discounts for designated 3-week sessions only: You may deduct \$50 from the total amount if paid in full when registering before 6/1/09, or \$25 from the balance, if the balance due is paid by 6/1/09. **No discounts for single weeks.**

Refunds until 6/1/09 less service charge of 15% of total. No discounts or refunds after 6/1/09.

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

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

Return with 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 _____