

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

## 14th Annual Summer Skating and Ballet School

JUNE 21 - AUGUST 27, 2010

# SUMMER TEEN GROUP LESSON CAMP

AGES 12 - 17

4-Day "Warm-Up" Camp: Mon., June 21 - Thurs., June 24, 2010

THREE 3-WEEK SESSIONS

Session 1: June 28 - July 16, 2010

Session 2: July 19 - August 6, 2010

Session 3: August 9 - August 27, 2010

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

Camp counselors 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 member of the family.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F T-Shirt size S ( ) M ( ) L ( ) XL ( )  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address \_\_\_\_\_ (Circle one) Basic 1 2 3 4 5/6 7/8 Freestyle 1 - 3 Freestyle 4 - 6

**FEES:** \$915 each 3-week session (only designated weeks); \$350 each single week, \$280 "Warm-up" Camp

4 Day "Warm-Up" Camp (6/21-6-24) \$280 \$ \_\_\_\_\_

Please enroll me in:  Session 1 (6/28-7/16)  Session 2 (7/19-8/6)  Session 3 (8/9-8/27) # of sessions \_\_\_\_\_ x \$915 \$ \_\_\_\_\_

Please enroll me in:  Week 1 (6/28-7/2)  Week 2 (7/5-7/9)  Week 3 (7/12-7/16)  Week 4 (7/19-7/23)  Week 5 (7/26-7/30)  
 Week 6 (8/2-8/6)  Week 7 (8/9-8/13)  Week 8 (8/16-8/20)  Week 9 (8/23-8/27) # of weeks \_\_\_\_\_ x \$350 \$ \_\_\_\_\_

LESS 50% DEPOSIT \$ \_\_\_\_\_

BALANCE DUE (6/1/10) \$ \_\_\_\_\_

**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 6/1/10, or \$25 from the balance, if the balance due is paid by 6/1/10. **No discounts for single weeks.**

**Refunds until 6/1/10, less service charge of 15% of total. No discounts or refunds after 6/1/10.**

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:**

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