

ADVANCED SKATING CLASSES

CYCLE 1:
SEPT. 5 – OCT. 21, 2017
CYCLE 2:
OCT. 23 – DEC. 22, 2017



REGISTRATION FORM (Freestyle 1-6)

NEW BONUS ADD-ON!! Choose one additional Freestyle session per week/per Cycle at a discounted rate. Practice makes perfect!! See Figure Skating schedule for available days/times.

DAY	TIME	CLASSES	PRICES			
			Cycle 1*	Cycle 1 Add-On**	Cycle 2*	Cycle 2 Add-On**
Wednesday	3:35 – 4:50pm (Class @ 4:00pm)	Freestyle 1-6	\$256 <input type="checkbox"/>	\$77 <input type="checkbox"/>	\$324 <input type="checkbox"/>	\$99 <input type="checkbox"/>
Saturday	10:40 – 11:30am	Freestyle 1-6	\$221 <input type="checkbox"/>	\$66 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$88 <input type="checkbox"/>

*Cycle 2 ends on a Friday. No class on Sat., Sept. 23rd. 25 min. classes + practice.

**Figure skating sessions are unsupervised. Students may arrange private lessons during these sessions.

Registration: Please check all desired classes above. **Cost** (see discounts below): \$ _____
All students must now pay the annual US Figure Skating membership fee of \$17. \$ _____

CHECK DESIRED ADD-ON FIGURE SKATING SESSION(S):

Cycle 1: DAY _____ TIME _____ Cycle 2: DAY _____ TIME _____

Discounts: (1) **Early registration discount:** \$10 per class if registering for C1 by Aug. 25 or C2 by Oct. 13 OR \$30 if registering for both C1 and C2 by Aug. 25. (2) **Family discount:** \$10 for each additional family member after 1st registrant. **Discounts apply only to classes, not to Add-On sessions.**

Participant information: Level: _____ (ex. FS2; Prelim MIF)

First Name _____ Last Name _____ DOB (mm/dd/yyyy) _____ Age _____ M or F _____

Address _____ City _____ State _____ Zip _____

Parent(s) Name(s) (for minor children) _____ Phone Number _____

Payment information: (Checks payable to Twin Rinks, 1063 Hope St., Stamford, CT 06907)

Credit Card # (Visa or Mastercard) _____ Exp. Date _____

NO REFUNDS, CREDITS, OR MAKE-UPS. PLEASE SIGN WAIVER ON REVERSE SIDE.

WAIVER/AGREEMENT

I agree I shall provide health insurance or other applicable insurance to cover any personal injury and/or property damage sustained by or to the student while participating in activities of the Ice Skating Camp, Group Lesson Classes, Figure Skating Training Program, or Ballet/Dance/Fitness held on the premises of the Twin Rinks. I/we understand the inherent risks involved in the sport of ice skating, and I/we understand the risks may include serious injury, paralysis, and even death. I hereby release and forever discharge the Twin Rinks and/or their staff from all demands, cause of action, suits, or liabilities for personal injury.

Signature

Date