

BALLET- SKATING COMBO

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



REGISTRATION FORM

BALLET & SKATING CLASS SCHEDULE

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	4:00 – 4:50pm Skating Class	4:00 – 4:50pm Skating Class	1:45 – 2:35pm Skating Class	1:00 – 1:50pm Skating Class	1:45 – 2:35pm Skating Class 4:00 – 5:15pm Skating Class	8:45 – 9:30am Pre-Ballet Ages 4-5 9:30 – 10:30am Ballet II/Inter. Ages 8-13 8:50-9:40am Skating Class (Basic 2-Pre Free) 9:40-10:30am Skating Class (SS 1-3; Basic 1) 10:30 – 11:15am Pre-Ballet/Ballet I Ages 4-7
	PRICES (based on day of skating class)					
CYCLE 1	\$233	\$269	\$269	\$269	\$269	\$233
CYCLE 2	\$341	\$341	\$341	\$305	\$341	\$305

(* Cycle 1 starts on a Tuesday; Cycle 2 ends on a Friday. No classes on Sat., 9/23 & Thurs., 11/23 – Thanksgiving.)

Registration:

Total cost (see discounts below): \$ _____

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.

Skating Class: Day _____ Time _____ Level _____ (ex. Beginner; SS2; B3)

Ballet Class: Day _____ Time _____ Class _____ (ex. Pre-B; Ballet II)

**PLEASE FILL OUT PARTICIPANT & PAYMENT INFORMATION
ON REVERSE SIDE!**

Participant information:

First Name	Last Name	DOB (mm/dd/yyyy)	Age	M or F
Address		City	State	Zip
Parent(s) Name(s)			Phone Number	

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

Credit Card # (Visa or Mastercard)	Exp. Date
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NO REFUNDS, CREDITS, OR MAKE-UPS.

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.

By signing below, I give Twin Rinks permission to contact me via email with Twin Rinks information and promotions. Twin Rinks does not share, rent, or sell email addresses or any other information collected to outside parties. Twin Rinks will use your email address only to send you Twin Rinks information and promotions, and you can unsubscribe at any time.

Signature	Date
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