



1063 Hope Street  
Stamford, CT 06907  
www.StamfordTwinRinks.com  
Phone: (203) 968-9000 ext. 16  
Fax: (203) 321-1522

**Springdale Ballet & Dance Academy  
@ Twin Rinks  
September 9, 2017 - June 9, 2018**

*The Springdale Ballet Academy Program is divided into two seasons:  
Fall/Winter & Winter/Spring*

<b>Pre-Ballet</b>	Children ages 4 and 5 are introduced to basic ballet in a positive and creative environment. Students develop a foundation for traditional ballet training, as well as a love of movement and music.
<b>Ballet I - Intermediate</b>	Children 6 years and older study traditional ballet, gaining strong technique including knowledge of terminology, proper body alignment, and self discipline.
<b>Pre-Ballet: 4-5 years</b>	<b>Pre-Ballet/Ballet I: 4-7 years</b>
<b>Ballet I/II: 7-12 years</b>	<b>Ballet II/Intermediate: 8-13 years</b>
<b>UNIFORMS</b>	
<b>Girls: Pre-Ballet and Ballet I</b>	Pink leotard (any sleeve length), pink tights, pink leather ballet slippers.
<b>Ballet II/Intermediate</b>	Black leotard, pink tights, pink leather ballet slippers.
<b>Boys: All levels</b>	White T-shirt tucked into black tights or cotton lycra shorts, white socks, black ballet shoes.
Students are expected to wear required clothing. Ballet shoes must have elastic (pink for girls; black for boys) sewn on instep, 1.5 - 3 inches from heel seam. Capezio brand slippers are preferred. Please remove necklaces and bracelets before class. Hair should be pulled back neatly. Students age 8 and older must wear hair in a bun; younger students may wear hair in a ponytail.	

- **Make-up policy:** Allowed for missed classes with advance permission of the teacher, but only within the same program season.
- **Student demonstrations:** Family members and friends are invited to observe their child's class during the last week of each session.
- **Class assignment:** Our teachers have the authority to change a student's class if the level is not suitable.

**No Classes:**

**Christmas Vacation:** Saturday, December 23, 2017 - Monday, January 1, 2018

**For adults and students beyond Ballet II/Intermediate level, we recommend  
Connecticut Ballet Center, 20 Acosta Street, Stamford, CT 06902**



# SPRINGDALE BALLET and DANCE ACADEMY REGISTRATION FORM



**September 9, 2017 - June 9, 2018**

Please fill out a separate form for each member of the family.

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Previous ballet experience (new student) \_\_\_\_\_

**Check desired class(es):**

DAY	TIME	Fall/Winter 9/9/17 – 1/27/18	Winter/Spring 2/3/18 – 6/9/18	TOTAL
<b>Saturday</b>	8:45 – 9:30am Pre-Ballet	19 wks. <input type="checkbox"/> \$285	19 wks. <input type="checkbox"/> \$285	\$ _____
	9:30 – 10.30am Ballet II/Intermediate	19 wks. <input type="checkbox"/> \$342	19 wks. <input type="checkbox"/> \$342	\$ _____
	10:30 – 11:15 am Pre-Ballet/Ballet I	19 wks. <input type="checkbox"/> \$285	19 wks. <input type="checkbox"/> \$285	\$ _____

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

Cash  Check  Visa  Mastercard Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check payable: **Twin Rinks**. Return with full payment in person or by mail to:

**Twin Rinks, 1063 Hope Street, Stamford, CT 06907**

**No refunds or credits. Your canceled check or credit card statement is your receipt and confirmation.**

We reserve the right to cancel any class due to insufficient enrollment,  
but every effort will be made to place you in a class at another time.

### WAIVER OF LIABILITY

I agree to waive liability and release any and all claims against RivCan Associates, owner ("Owner") of Twin Rinks (the "Facility"), its owners, Springdale Ballet Academy, and all of their 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 in ballet class or not.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

For office use: Date received \_\_\_\_\_