



**Springdale Figure Skating Club**

P.O. Box 4557  
Stamford, CT 06907-0557

1063 Hope Street, Stamford, CT 06907  
(203) 968-9000 ext. 16 (203) 321-1522 FAX  
[www.StamfordTwinRinks.com](http://www.StamfordTwinRinks.com)

[www.SpringdaleFSC.org](http://www.SpringdaleFSC.org)

## Figure Skating Sessions September 5, 2017 - June 9, 2018

The Springdale Figure Skating Club, in cooperation with Twin Rinks and the Twin Rinks *Learn To Skate USA* program, welcomes all skaters to its figure skating sessions, with priority given to Springdale FSC members. To make your skating more enjoyable and safe, we ask that everyone follow the Twin Rinks general rules and the Springdale Figure Skating Club skating rules.

The Figure Skating Program is divided into four seasons: Fall, Winter, Spring, Summer. Registration forms for the Summer program will be available in the Spring.

**Walk-ons are allowed if session is not fully subscribed** (up to 30 skaters, total, per session)

<u>Subscribed</u>	<u>Walk-on fee</u>
50 min.-\$14	50 min.-\$18
60 min.-\$15	60 min.-\$19
75 min.-\$17	75 min.-\$21
AM Figure Skating Sessions Punch Card 6:00-8:50am - \$14	AM Figure Skating Session - \$19

***Subscribers must check in at the Admissions window before skating.  
Walk-on fee must be paid in advance. All skaters must wear a leg sticker.  
You will be asked to leave the ice if you are not wearing a sticker.***

### ***Payment and Refund Policy***

Payment in full is required when registering. Reselling of ice time, switching, or make-up of sessions is not permitted. Refunds will be issued only with a medical excuse from a physician, less a service charge of 15% of total fees subscribed, or 15% of sessions remaining to be skated.

### ***Early Morning Figure Skating Punch Card (20 sessions)***

Early morning figure skating sessions are not subscribed. You may pay the single walk-on rate per session or purchase a discount punch card. Punch cards may be used for **Monday through Friday morning figure skating sessions only**, from September through mid-June, except holidays. Discount punch cards are not transferable but may be used by other family members.

### ***Private Lessons***

Private lessons are available from Staff Professionals or registered guest professionals. Arrangements are made directly with the professional of your choice. A list of professionals is available in the lobby and on our website.

### **No Figure Skating Sessions:**

Saturday, September 23, 2017 (Hockey Tournament)

Thursday, November 23, 2017 (Thanksgiving)

Saturday, December 23, 2017

Monday, May 28, 2018 (Memorial Day)

*No Tuesday 2:50pm figure skating sessions on December 5, 12, 19, 2017 & February 6 - 27, 2018*

*No Thursdays 2:50pm figure skating sessions on December 7, 2017 – March 1, 2018*

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

Holiday Figure Skating Sessions to be announced



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**FIGURE SKATING REGISTRATION FORM**  
**September 5, 2017 - June 9, 2018**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Parents' Names \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Check desired subscriptions:**

DAYS	TIME	Fall 9/5-12/22	Winter 1/2-3/3	Spring 3/5-6/9	TOTAL
MONDAY	1:50 - 2:40 pm	15 wks. <input type="checkbox"/> \$210	8 wks. <input type="checkbox"/> \$112	13 wks. <input type="checkbox"/> \$182	\$ _____
	2:50 - 3:50 pm	15 wks. <input type="checkbox"/> \$225	8 wks. <input type="checkbox"/> \$120	13 wks. <input type="checkbox"/> \$195	\$ _____
	5:00 - 5:50 pm	15 wks. <input type="checkbox"/> \$210	8 wks. <input type="checkbox"/> \$112	13 wks. <input type="checkbox"/> \$182	\$ _____
TUESDAY	1:50 - 2:40 pm	16 wks. <input type="checkbox"/> \$224	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
	2:50 - 3:50 pm***	13 wks. <input type="checkbox"/> \$195	5 wks. <input type="checkbox"/> \$ 75	14 wks. <input type="checkbox"/> \$210	\$ _____
	5:00 - 5:50pm	16 wks. <input type="checkbox"/> \$224	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
	5:50 - 6:40 pm	16 wks. <input type="checkbox"/> \$224	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
WEDNESDAY	2:35 - 3:35 pm	16 wks. <input type="checkbox"/> \$240	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
	3:35 - 4:50 pm	16 wks. <input type="checkbox"/> \$272	9 wks. <input type="checkbox"/> \$153	14 wks. <input type="checkbox"/> \$238	\$ _____
THURSDAY	11:45 - 1:00 pm	15 wks. <input type="checkbox"/> \$255	9 wks. <input type="checkbox"/> \$153	14 wks. <input type="checkbox"/> \$238	\$ _____
	1:50 - 2:40 pm	15 wks. <input type="checkbox"/> \$210	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
	2:50 - 3:50 pm***	12 wks. <input type="checkbox"/> \$180	no sessions***	14 wks. <input type="checkbox"/> \$210	\$ _____
	4:00 - 4:50 pm	15 wks. <input type="checkbox"/> \$210	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
FRIDAY	2:35 - 3:50 pm	16 wks. <input type="checkbox"/> \$272	9 wks. <input type="checkbox"/> \$153	14 wks. <input type="checkbox"/> \$238	\$ _____
SATURDAY	10:40 - 11:30 am	14 wks. <input type="checkbox"/> \$196	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____
	11:30 - 12:20 pm	14 wks. <input type="checkbox"/> \$196	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$196	\$ _____

\*\*\* No Tuesday 2:50pm figure skating sessions on December 5, 12, 19, 2017 & February 6 - 27, 2018

\*\*\* No Thursday 2:50pm figure skating sessions on December 7, 2017 – March 1, 2018

TOTAL FOR SESSIONS \$ \_\_\_\_\_

<b>A.M. FS SESSIONS PUNCH CARD*</b>	<b>20 sessions</b>	<b>\$280</b>	\$ _____
*May be used for any Mon through Fri 6:00-8:50am figure skating session (non-subscription) from September through mid-June (may not be used for afternoon, holiday, or summer sessions)			

TOTAL ENCLOSED \$ \_\_\_\_\_

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

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

Check payable: **Twin Rinks** Return with full payment in person to Twin Rinks  
or by mail to **Twin Rinks, 1063 Hope Street, Stamford, CT 06907 Attention: Figure Skating Department**

**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 Figure Skating Club, its members, 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 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 children's participation in these activities. I have read the Rules of the 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)