



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.SpringdaleFSC.org

Figure Skating Sessions Registration Procedure and Information *September 6, 2016 - June 10, 2017*

The Springdale Figure Skating Club, in cooperation with Stamford Twin Rinks and the STR Learn to Skate 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 Stamford Twin Rinks general rules and the Springdale Figure Skating Club skating rules.

Figure Skating Program

The Figure Skating Program is divided into four seasons: Fall, Winter, Spring, Summer. You may subscribe by choosing the days and times desired in each season as detailed on the Springdale FSC Registration Form. Fill out the form and return it with full payment in person, by mail or fax, or register online, www.StamfordTwinRinks.com. Registration forms for the Summer program will be available in the Spring.

Subscriber Priorities

All subscribers are guaranteed a place on the session no matter what time they arrive. You are encouraged to subscribe to ensure your place on a session, especially if you have a lesson each week.

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

**Monday 5:25pm, Friday 3:30pm and Saturday 7:50am sessions:
No hockey lessons or skaters with hockey skates!**

Subscribed

45 min.- \$13
50 min.- \$14
1 hr. - \$15
AM Figure Skating Punch Cards, 2 hrs. 50 min.- \$14

Walk-on fee

45 min.-\$17
50 min.- \$18
1 hr.. - \$19
AM Figure Skating Sessions, 2 hr. 50 min.- \$19

***Subscribers must check in at the admissions window for attendance 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 **ONLY**. Arrangements are made directly with the professional of your choice. A list of professionals is available in the lobby and on our website.

STAMFORD TWIN RINKS

SPRINGDALE FIGURE SKATING CLUB

FIGURE SKATING SCHEDULE

September 6, 2016 - June 10, 2017*

DEFINITIONS and SESSION PRIORITIES Anyone may skate on all sessions, but the following disciplines and levels listed below, have right of way on the designated sessions. On all sessions, yield to a skater or team performing their program to music played over the PA system and to coaches giving lessons. Please observe the rules for session priorities listed on “**Skating Safely**” and follow the “**Guidelines and Rules for Figure Skating**” and charts posted on the bulletin board, in the rink, and in the club directory.

Open Freestyle All levels MIF, Freestyle and Dance (observe SFSC Rules for Figure Skating Sessions)
Low Freestyle No test through Juvenile MIF, Pre-Juvenile Freestyle and Pre-Silver Dance test
Adults Adults, all levels MIF, Freestyle and Dance
Open Dance/MIF All Dance and MIF levels

SCHEDULE OF FIGURE SKATING SESSIONS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6:00-8:50am Open Freestyle	6:00-8:50am Open Freestyle	6:00-8:50am Open Freestyle	6:00-8:50am Open Freestyle	6:00-8:50am Open Freestyle	
					7:50-8:35am** Open Freestyle
			11:45-1:00pm Adult/Low Freestyle		8:35-9:20 Adult/Low Freestyle
1:50-2:40pm ◆ Open Freestyle	1:50-2:40pm ◆ Open Freestyle	2:35-3:20pm Open Freestyle	1:50-2:40pm ◆ Open Freestyle		
2:50-3:50pm *** Open Freestyle	2:50-3:50pm *** Open Freestyle	3:20-4:05pm Open Freestyle	2:50-3:50pm *** Open Freestyle	2:35-3:20pm Open Freestyle	
		4:15-5:15pm Open Dance/MIF	4:00-5:00pm Low Freestyle	3:30-4:30pm** Low Freestyle	
5:25-6:25pm** Low Freestyle	5:00-6:00pm Open Freestyle				
	6:00-6:45pm Adult/Low Freestyle Split ice w/Beginner Synchro Team				

***No hockey lessons and no skaters with hockey skates allowed.*

***** No 2:50pm figure skating sessions Mondays, December 5, 2016 – March 4, 2017**

***** No 2:50pm figure skating sessions Tuesdays & Thursdays, November 15, 2016 – March 4, 2017**

◆ The 1:50pm Spring session, Monday, Tuesday, Thursday, will be from 1:50-2:50pm

*No Figure Skating Sessions:

Thursday, November 24, 2016 (Thanksgiving)

Monday, May 29, 2017 (Memorial Day)

Christmas Vacation: Saturday, December 24, 2016 - Monday, January 3, 2017
Holiday Figure Skating Sessions to be announced



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FIGURE SKATING REGISTRATION FORM September 6, 2016 - June 10, 2017

Name _____ Home Phone _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Parents' Names _____ Day Phone _____

Home Club _____ USFSA Reg. # _____ Professional's Name _____

Tests Passed: Figure _____ Free _____ Moves _____ Dance _____

Check subscriptions desired:

DAYS	TIME	Fall 9/6-12/23	Winter 1/3-3/4	Spring 3/6-6/10	TOTAL
MONDAY	1:50- 2:40 pm Open Freestyle	15 wks. <input type="checkbox"/> \$210	8 wks. <input type="checkbox"/> \$112	13 wks. <input type="checkbox"/> \$195 ♦	\$ _____
	2:50- 3:50 pm Open Freestyle***	12 wks. <input type="checkbox"/> \$180	no session***	13 wks. <input type="checkbox"/> \$195	\$ _____
	5:25- 6:25 pm Low Freestyle	15 wks. <input type="checkbox"/> \$225	8 wks. <input type="checkbox"/> \$120	13 wks. <input type="checkbox"/> \$195	\$ _____
TUESDAY	1:50- 2:40 pm Open Freestyle	16 wks. <input type="checkbox"/> \$224	9 wks. <input type="checkbox"/> \$126	14 wks. <input type="checkbox"/> \$210 ♦	\$ _____
	2:50- 3:50 pm Open Freestyle***	10 wks. <input type="checkbox"/> \$150	no session***	14 wks. <input type="checkbox"/> \$210	\$ _____
	5:00- 6:00 pm Open Freestyle	16 wks. <input type="checkbox"/> \$240	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
	6:00- 6:45 pm Adult/Low Freestyle	16 wks. <input type="checkbox"/> \$208	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____
WEDNESDAY	2:35- 3:20 pm Open Freestyle	16 wks. <input type="checkbox"/> \$208	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____
	3:20- 4:05 pm Open Freestyle	16 wks. <input type="checkbox"/> \$208	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____
	4:15- 5:15pm Open Dance/MIF	16 wks. <input type="checkbox"/> \$240	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
THURSDAY	11:45- 1:00 pm Adult/Low Freestyle	15 wks. <input type="checkbox"/> \$225	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210 ♦	\$ _____
	1:50- 2:40 pm Open Freestyle	15 wks. <input type="checkbox"/> \$210	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
	2:50- 3:50 pm Open Freestyle***	10 wks. <input type="checkbox"/> \$150	no session***	14 wks. <input type="checkbox"/> \$210	\$ _____
	4:00- 5:00 pm Low Freestyle	15 wks. <input type="checkbox"/> \$225	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
FRIDAY	2:35- 3:20 pm Open Freestyle	16 wks. <input type="checkbox"/> \$208	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____
	3:30- 4:30 pm Low Freestyle	16 wks. <input type="checkbox"/> \$240	9 wks. <input type="checkbox"/> \$135	14 wks. <input type="checkbox"/> \$210	\$ _____
SATURDAY	7:50- 8:35 am Open Freestyle	15 wks. <input type="checkbox"/> \$195	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____
	8:35- 9:20 am Adult/Low Freestyle	15 wks. <input type="checkbox"/> \$195	9 wks. <input type="checkbox"/> \$117	14 wks. <input type="checkbox"/> \$182	\$ _____

*** No 2:50pm figure skating sessions Mondays, December 5, 2016 – March 4, 2017

*** No 2:50pm figure skating sessions Tuesdays & Thursdays, November 15, 2016 – March 4, 2017

♦ The 1:50pm Spring session, Monday, Tuesday, Thursday, will be from 1:50-2:50pm

TOTAL FOR SESSIONS \$ _____

AM FS SESSIONS - PUNCH CARD*	20 sessions \$280	\$ _____
*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: **Stamford Twin Rinks** Return with full payment in person to Stamford Twin Rinks
or by mail to **Stamford Twin Rinks, 1063 Hope Street, Stamford, CT 06907 Attention: Figure Skating**

PLEASE SIGN WAIVER ON REVERSE SIDE

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 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 _____

Entered on figure skating session sign-up _____