



1063 Hope Street
 Stamford, CT 06907
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Springdale Ballet & Dance Academy
At
Stamford Twin Rinks

September 8, 2016 - June 10, 2017

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

| | |
|---------------------------------------|--|
| Pre-Ballet | Children ages 4 to 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. |
| Ballet I - Intermediate | Children 6 years and older study traditional ballet, gaining strong technique including knowledge of terminology, proper body alignment and self discipline. |
| Pre-Ballet - 4-5 years | Pre-Ballet/Ballet I - 4-7 years |
| Ballet I/II - 7-12 years | Ballet II/Intermediate - 8-13 years |
| UNIFORMS | |
| Girls: Pre-Ballet and Ballet I | Pink leotard, any sleeve length, pink tights, pink leather ballet slippers. |
| Ballet II/Intermediate | Black leotard, pink tights, pink leather ballet slippers. |
| Boys: All levels | 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. For ballet classes, students age 8 and older must wear hair in a bun; students age 7 and younger may wear hair in a ponytail.

Make-ups for missed classes allowed with advanced 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.

Note: Our teachers have the authority to change a student's class if the level is not suitable.

No Classes:
 Thursday, November 24, 2016 (Thanksgiving)
 Christmas Vacation: Friday, December 23, 2016 - Monday, January 2, 2017

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



SPRINGDALE BALLET and DANCE ACADEMY REGISTRATION FORM



September 8, 2016 - June 10, 2017

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: Home _____ Cell _____

Previous ballet experience (new student) _____

Check classes desired:

| DAYS | TIME | Fall/Winter 9/8-1/28 | Winter/Spring 2/2-6/10 | TOTAL |
|----------|--------------------------------------|--|--|----------|
| Thursday | 3:40- 4:25 pm Pre-Ballet/Ballet I | 19 wks. <input type="checkbox"/> \$285 | 19 wks. <input type="checkbox"/> \$285 | \$ _____ |
| | 4:25- 5:10 pm Ballet I/II | 19 wks. <input type="checkbox"/> \$285 | 19 wks. <input type="checkbox"/> \$285 | \$ _____ |
| | 5:10- 6:10 pm Ballet II/Intermediate | 19 wks. <input type="checkbox"/> \$342 | 19 wks. <input type="checkbox"/> \$342 | \$ _____ |
| Saturday | 8:45- 9:25 am Pre-Ballet | 19 wks. <input type="checkbox"/> \$285 | 19 wks. <input type="checkbox"/> \$285 | \$ _____ |
| | 9:25-10:25 am Ballet II/Intermediate | 19 wks. <input type="checkbox"/> \$342 | 19 wks. <input type="checkbox"/> \$342 | \$ _____ |
| | 10:25-11:10 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: **Stamford Twin Rinks**. Return with full payment in person or by mail to:
Stamford 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 Stamford 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 _____
(if applicant is under 18)

For office use: Date received _____