

GROUP SKATING CLASSES

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



REGISTRATION FORM

(Snowplow Sam; Basic Skills; Pre-Freestyle; Parent-Tot; Teens; Adults)

DAY	TIME	CLASSES	PRICES	
			Cycle 1*	Cycle 2*
Monday	4:00 – 4:50pm	Snowplow Sam; Basic Skills; Pre-Free	\$181 <input type="checkbox"/>	\$263 <input type="checkbox"/>
Tuesday	9:30 – 10:20am	Adults (all levels)	\$208 <input type="checkbox"/>	\$263 <input type="checkbox"/>
	4:00 – 4:50pm	Snowplow Sam; Basic Skills; Pre-Free	\$208 <input type="checkbox"/>	\$263 <input type="checkbox"/>
Wednesday	1:45 – 2:35pm	Snowplow Sam; Basic Skills	\$208 <input type="checkbox"/>	\$263 <input type="checkbox"/>
Thursday	12:10 – 1:00pm	Adults (Basic levels)	\$208 <input type="checkbox"/>	\$236 <input type="checkbox"/>
	1:00 – 1:50pm	Snowplow Sam; Basic Skills	\$208 <input type="checkbox"/>	\$236 <input type="checkbox"/>
		Parent-Tot	\$256 <input type="checkbox"/>	\$290 <input type="checkbox"/>
Friday	1:45 – 2:35pm	Snowplow Sam; Basic Skills	\$208 <input type="checkbox"/>	\$263 <input type="checkbox"/>
	4:00 – 5:15pm	Snowplow Sam; Basic Skills; Pre-Free	\$208 <input type="checkbox"/>	\$263 <input type="checkbox"/>
Saturday	8:50–9:40am	Basic 2–6; Pre-Free; Adults; Teens	\$181 <input type="checkbox"/>	\$236 <input type="checkbox"/>
	9:40–10:30am	Snowplow Sam; Basic 1		

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

Registration: Please check all desired classes above. **Cost** (see discounts below): \$ _____
All students must now pay the annual US Figure Skating membership fee of \$17. \$ _____

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.

Participant information: **Level:** Beginner? (✓) _____ **OR** Badge level _____ (ex. SS2, B5, AD)

First Name _____ Last Name _____ DOB (mm/dd/yyyy) _____ Age _____ M or F _____

Address _____ City _____ State _____ Zip _____

Parent(s) Name(s) (for minor children) _____ Phone Number _____

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

Credit Card # (Visa or Mastercard) _____ Exp. Date _____

NO REFUNDS, CREDITS, OR MAKE-UPS. PLEASE SIGN WAIVER ON REVERSE SIDE.

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.

Signature

Date