

2018 CAMP TWIN RINKS YOUTH SUMMER CAMP

June 25 – August 24

Weekly Camps: 8:30am – 4:00pm (Mon.–Fri.)
Half & Full Day Options Available!



ON-ICE & OFF-ICE ACTIVITIES DAILY!

**CT registered camp with experienced and caring staff provides
a safe place to learn & have FUN!**

UNDER NEW MANAGEMENT

REGISTER NOW!

www.StamfordTwinRinks.com

(203) 968-9000 x 22

 **Twin Rinks**
Stamford

1063 Hope St., Stamford, CT

SUMMER AT TWIN RINKS HAS NEVER BEEN BETTER!

We offer a wide range of activities for campers between the ages of 5-12, that allow for a FUN, safe & enjoyable experience. Our full day camp offers a 60 minute on-ice session through the United States Figure Skating Association Learn to Skate Program, off-ice activities daily and weekly outings!

DAILY SCHEDULE

8:30-8:50am Drop-Off

9:00-11:50am Off-Ice Activities

12:00-1:00pm Lunch

Drop-Off/Pick-Up for all Half-Day Campers

1:10-3:50pm On-Ice/Off-Ice Activity

4:00-4:15PM Pick-Up

Activities are rotated on a weekly basis to keep the camp interesting & FUN!

Hope Street Café provides all full-day campers with nutritious & well-balanced lunches.



60 minutes of ice time daily through the USFSA Learn to Skate Program!

OFF-ICE ACTIVITIES

- CRITTER CARAVAN
- VIDEO GAMES
- SUMMER CAMP ICE SHOW
- ARTS & CRAFTS

- BOARD GAMES
- MOVIE TIME
- DANCE
- STRETCHING

- SILK SCREENING
- FIELD SPORTS
- AND MORE!

WHAT TO BRING

On the FIRST day, please bring your Immunization Record and Health Form.

Helmets are REQUIRED for all Beginners or anyone 8 years old & under for all on-ice sessions.

- Skates for on-ice activities
Bring your own or rent for FREE!
- Long Pants, Jacket & Gloves
- Helmet

- Water Bottle and/or Juice
- Extra Change of Clothes
- Sneakers (NO SANDALS)

- Nut-Free Snack
(Lunch is NOT provided for Half-Day Campers)

Hope Street Café will be open for those who wish to buy snacks.

CAMP DATES:

Twin Rinks Summer Camp offers Full Day & Half-Day camp options. **Contact us for more info on drop-ins.**

Week 1: June 25-29

Week 2: July 2-6*

Week 3: July 9-13

Week 4: July 16-20

Week 5: July 23-27

Week 6: July 30-August 3

Week 7: August 6-10

Week 8: August 13-17

Week 9: August 20-24

CAMP FEES:

Week 1 & 3-9: \$475 Full Day \$250 Half Day

Week 2: \$360 Full Day \$195 Half Day

All Summer (Weeks 1-9): \$3,800 Full Day \$2,000 Half Day

10% Sibling Discount for 2nd child | 1st child is full price

Credits & refunds will not be issued for absences, lateness, sickness or family emergencies.

TWIN RINKS IS A NUT FREE CAMP!

REGISTRATION FORM: TWIN RINKS YOUTH SUMMER CAMP

Student (M ☐ F ☐) _____ Age _____ DOB _____ / _____ / _____

Parent/Guardian _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (☐ Bus. or ☐ Cell) _____

Pick a week(s): ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5

☐ Week 6 ☐ Week 7 ☐ Week 8 ☐ Week 9. # of weeks x \$475 \$ _____

Camp t-shirt included with registration! Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

10% Sibling Discount!
For 2nd child. 1st child full price.

Subtotal \$ _____

..... Discounts - \$ _____

Total Payment \$ _____

Balance Due (if any) \$ _____

☐ Cash ☐ Check (payable to Twin Rinks) ☐ Visa/Mastercard# _____ Exp # _____ / _____

Cardholder Signature _____ Date _____

Permission slips will be distributed 2 weeks prior to trip date.

Please provide the following information:

Primary physician: _____ Phone #: _____

Primary insurance: _____ Policy #: _____

Best way to reach you during camp hours in the event of an emergency:

Person/phone #1: _____ Person/phone #2: _____

Please list any allergies (including food and medications) or medical conditions that might affect your child during camp hours.

(If your child has allergies or a medical condition for which he/she uses an epi-pen, inhaler, or other treatment, we will send you the required State of Connecticut consent forms for completion by your physician prior to the start of camp.)

IMPORTANT NOTICE: The State of Connecticut requires that we obtain a Health Assessment form for every camper prior to the child's first day of camp. Parents may download a form from the State's web site at <http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/HAR.pdf>.

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 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 and/or my children's participation in these activities. I have read the Facility's Rules, explained them to my children, and will abide by them. I agree that the Facility's staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent or Guardian _____ Date _____ / _____ / _____

For office use only Date received: _____ Class info entered: _____ ☐ Received health info

2018
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