

ADVANCED SKATING CLASSES

CYCLE 3:
JAN. 2 – MARCH 3, 2018
CYCLE 4:
MARCH 5 – APRIL 28, 2018
CYCLE 5:
APRIL 30 – JUNE 9, 2018



REGISTRATION FORM (Freestyle 1-6)

NEW BONUS ADD-ON!! Choose one additional Freestyle session** per week/per Cycle at a discounted rate. Practice makes perfect!! See Figure Skating schedule for available days/times.

DAY	TIME	CLASSES	PRICES		
			Cycle 3*	Cycle 4	Cycle 5
Wed.	3:35 – 4:50pm (Class @ 4:00pm)	Freestyle	\$324 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$221 <input type="checkbox"/>
Sat.	10:40 – 11:30am	Freestyle	\$324 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$221 <input type="checkbox"/>

*Cycle 3 starts on a Tuesday. **All classes:** 25 minutes + practice

**Figure skating sessions are unsupervised. Students may arrange private lessons during these sessions.

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

CHECK DESIRED ADD-ON FIGURE SKATING SESSION(S): Cycle 3: DAY/TIME _____
Cycle 4: DAY/TIME _____ Cycle 5: DAY/TIME _____

Discounts: (1) **Early registration discount:** Deduct \$10 per class if registering for C3 by 12/15/17, C4 by 2/16/18, or C5 by 4/13/18 **OR** \$30 if registering for both C3 & C4 by 12/15/17, or both C4 & C5 by 2/16/18 **OR** \$50 if registering for all 3 cycles by 12/15/17. (2) **Family discount:** Deduct \$10 for each additional family member after 1st registrant.

Participant information: Level(s): _____ (ex. Pre-Free; FS2; Prelim MIF)

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