

# ADVANCED SKATING CLASSES

**CYCLE 3:**  
JAN. 3 – MARCH 4, 2017  
**CYCLE 4:**  
MARCH 6 – APRIL 29, 2017  
**CYCLE 5:**  
MAY 1 – JUNE 10, 2017



## REGISTRATION FORM

(Freestyle and Power Edge/Power Skating)

DAY	TIME	CLASSES	PRICES		
			Cycle 3*	Cycle 4	Cycle 5*
Mon.	5:25 – 6:25pm	Freestyle	\$275 <input type="checkbox"/>	\$275 <input type="checkbox"/>	\$177 <input type="checkbox"/>
Wed.	4:15 – 5:15pm	Power Edge/ Power Skating Class	\$325 <input type="checkbox"/>	\$290 <input type="checkbox"/>	\$221 <input type="checkbox"/>
Fri.	3:30 – 4:30pm	Freestyle	\$308 <input type="checkbox"/>	\$275 <input type="checkbox"/>	\$210 <input type="checkbox"/>

(\*Cycle 3 starts on a Tuesday. No class on Mon., 5/29 – Memorial Day.

**All classes:** 20 minutes + practice)

**Registration:** Please check all desired classes above. **Cost** (see discounts below): \$ \_\_\_\_\_

**Discounts:** (1) **Early registration discount:** Deduct \$10 per class if registering for C3 by 12/16/16, C4 by 2/17/17, or C5 by 4/14/17 **OR** \$30 if registering for both C3 & C4 by 12/16/17, or both C4 & C5 by 2/17/17 **OR** \$50 if registering for all 3 cycles by 12/16/16. (2) **Family discount:** Deduct \$10 for each additional family member after 1<sup>st</sup> 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 Stamford 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 Stamford 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 Stamford Twin Rinks and/or their staff from all demands, cause of action, suits, or liabilities for personal injury.

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Signature

Date