

# BALLET- SKATING COMBO

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



## REGISTRATION FORM

### BALLET & SKATING CLASS SCHEDULE

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	4:00 – 5:15pm Skating Class	4:00 – 4:50pm Skating Class	1:45 – 2:35pm Skating Class	1:00 – 1:50pm Skating Class  3:40 – 4:25pm Pre-Ballet/Ballet I Ages 4-7  4:25 – 5:10pm Ballet I/II Ages 7-12  5:10 – 6:10pm Ballet II/Inter. Ages 8-13	1:45 – 2:35pm Skating Class  4:40 – 5:55pm Skating Class	8:45 – 9:25am Pre-Ballet Ages 4-5  9:25 – 10:25am Ballet II/Inter. Ages 8-13  9:30-10:20am Skating Class (SS; Basic 1-2)  10:20-11:10am Skating Class (Basic 3 & higher)  10:25 – 11:10am Pre-Ballet/Ballet I Ages 4-7
<b>PRICES</b> (based on day of skating class)						
<b>CYCLE 3*</b>	\$290	\$325	\$325	\$325	\$325	\$325
<b>CYCLE 4</b>	\$290	\$290	\$290	\$290	\$290	\$290
<b>CYCLE 5*</b>	\$186	\$221	\$221	\$221	\$221	\$221

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

**Registration:**

**Total 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.

**Skating Class:** Day \_\_\_\_\_ Time \_\_\_\_\_ Level \_\_\_\_\_ (ex. Beginner; SS2; B3)

**Ballet Class:** Day \_\_\_\_\_ Time \_\_\_\_\_ Class \_\_\_\_\_ (ex. Pre-B; Ballet II)

**PLEASE FILL OUT PARTICIPANT AND PAYMENT INFORMATION  
ON REVERSE SIDE!**

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**Participant information:**

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First Name	Last Name	DOB (mm/dd/yyyy)	Age	M or F
Address		City	State	Zip
Parent(s) Name(s)			Phone Number	

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

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Credit Card # (Visa or Mastercard)	Exp. Date
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**NO REFUNDS, CREDITS, OR MAKE-UPS.**

**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.

By signing below, I give Stamford Twin Rinks permission to contact me via email with Stamford Twin Rinks information and promotions. Stamford Twin Rinks does not share, rent, or sell email addresses or any other information collected to outside parties. Stamford Twin Rinks will use your email address only to send you Stamford Twin Rinks information and promotions, and you can unsubscribe at any time.

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Signature	Date
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