

# BALLET- SKATING COMBO

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



## REGISTRATION FORM

### BALLET & SKATING CLASS SCHEDULE

|                | Mon.  | Tues.                          | Wed.                           | Thurs.                         | Fri.   | Sat.   |
|----------------|---|--------------------------------|--------------------------------|--------------------------------|--|--|
|                | 4:00 – 4:50pm<br>Skating Class                | 4:00 – 4:50pm<br>Skating Class | 1:45 – 2:35pm<br>Skating Class | 1:00 – 1:50pm<br>Skating Class | 1:45 – 2:35pm<br>Skating Class<br><br>4:00 – 5:15pm<br>Skating Class | 8:45 – 9:30am<br>Pre-Ballet<br>Ages 4-5<br><br>9:30 – 10:30am<br>Ballet II/Inter.<br>Ages 8-13<br><br>8:50-9:40am<br>Skating Class<br>(Basic 2-Pre Free)<br><br>9:40-10:30am<br>Skating Class<br>(SS 1-3; Basic 1)<br><br>10:30 – 11:15am<br>Pre-Ballet/Ballet I<br>Ages 4-7 |
|                | <b>PRICES</b> (based on day of skating class) |                                |                                |                                |  |  |
| <b>CYCLE 1</b> | \$233   | \$269                          | \$269                          | \$269                          | \$269  | \$233  |
| <b>CYCLE 2</b> | \$341   | \$341                          | \$341                          | \$305                          | \$341  | \$305  |

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

**Registration:**

**Total cost** (see discounts below): \$ \_\_\_\_\_

**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* 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 & PAYMENT INFORMATION  
ON REVERSE SIDE!**

**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 Twin Rinks, 1063 Hope St., Stamford, CT 06907)

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|                                    |           |
|------------------------------------|-----------|
| Credit Card # (Visa or Mastercard) | Exp. Date |
|------------------------------------|-----------|

**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 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.

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

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|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

1063 Hope Street Stamford, CT 06907 (tel.) 203-968-9000 x16 (fax) 203-321-1522