

# Terry Conners Rink

City of Stamford, Connecticut



# Terry Conners Camp

1125 Cove Rd, Stamford, CT 06902

(203)977-4728 [www.tcrink.com](http://www.tcrink.com)

## CAMP REGISTRATION

**2024**

Skater \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Skating Level \_\_\_\_\_  
 Home Rink \_\_\_\_\_ Private Coach \_\_\_\_\_  
 Allergies (See Back of Form) \_\_\_\_\_  
 Emergency Contact or Responsible Adult for Arrival and/or Pick Up, If Other Than Parent

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Form Submission:** Terry Conners Rink – 1125 Cove Road, Stamford, CT 06902 – (203) 977-4728  
 Fax to: 203-977-4184 Email to: [terryconners@stamfordct.gov](mailto:terryconners@stamfordct.gov)

<b>Week 1: JUNE 17-21</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 2: JUNE 24-28</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 3: JULY 1-3 (3 days)</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
<b>Week 4: JULY 8-12</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 5: JULY 15-19</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 6: JULY 22-24 (3 days)</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
<b>Week 7: JULY 29-AUG. 2</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 8: AUG. 5-9</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	<b>Week 9: AUG. 12-16</b> FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
<b>CAMP TOTAL</b>	<b>DEPOSIT (Due at Registration)</b>	<b>FINAL PAYMENT</b>

**CAMP FEES:** Full Day 375.00/week Half Day 250.00/week  
 Week 3 & 6 (3 days): Full Day 225.00 Half Day 150.00

### Stamford Resident Discounts

Multi Weeks-After Wk 1: \$325 Full Day Multi Weeks-After Wk 1: \$220 Half Day (Wk 3 & 6 also discounted)

**Payments & Balance** If registering for more than 2 weeks of camp, payments can be made in 2 or 3 installments, otherwise full payment is due at time of registration. Other payment plans can be arranged with the Rink Office.

**Payment Method**  MasterCard  Visa  Discover **TCR DOES NOT ACCEPT AMEX**

**A credit card is required with all registrations (including check payments) and will be kept on file to guarantee payment of balance. (I authorize Terry Conners Rink to charge my credit card listed for any balance due at the end of camp)**

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Credit Card Number Expiration Date 3 digit code

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Terry Conners Rink Camp - 2024

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## Allergies

Does the camper have any allergies of any kind, including food, or any medical or health condition which TCR Camp needs to be aware of? If yes, explain. **Does the camper use an EpiPen?** HOW SERVERE IS THE ALLERGY?

YES  NO  \_\_\_\_\_

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## Medication

Will the camper take any medication at camp? If yes, you must fill out a medication authorization form and list medications.

YES  NO  \_\_\_\_\_

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## Physical Restrictions

Are there any activities from which the camper should be restricted? If yes, please explain.

YES  NO  \_\_\_\_\_

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## Special Needs

Does the camper have an IEP (Individual Education Program), use an aide in school, or have any special needs which our staff must be aware of? If yes, explain.

YES  NO  \_\_\_\_\_

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If your child has special needs, what is the best way to handle any circumstances that may arise with your child?

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We may not be able to accommodate special needs children. The rink office must be notified 3 weeks prior to the start of camp to see if we are equipped to enroll your child.

## Photo Release

I authorize that Terry Conners Rink has the right to use all photographs taken of me or my child during camp and lessons for any rink published brochures or pictures posted in the rink lobby or website. Terry Conners Rink only posts pictures, no names of skaters or participants are used in promotional materials.

## Request of Participation and Release of Claims

In consideration of being accepted for attendance in the 2024 Terry Conners Skating Summer Camp at Terry Conners Rink, 1125 Cove Road, Stamford, CT on behalf of my child listed, I hereby assume all risks and personal injury, sickness, covid, death, damage, expense as a result in participation in all activities involved therein. The undersigned further hereby agrees to hold harmless, and indemnify said facility, its directors, instructors, assistants, employees, agents and volunteers, for any liability sustained as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby, request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompany chaperones to supervise, care and discipline my child. Further, if it should be necessary, for the participant to return home due to a medical reason, disciplinary action or otherwise, I assume all liabilities for any personal injury, damage and expense incurred as a result in or driving any vehicle to and from said activity.

I give my son/daughter permission to attend Terry Conners Summer Camp at Terry Conners Rink, 1125 Cove Road, Stamford, CT and to take a short walk to Cove Island Park and Beach, as an activity during Camp.

All activity/program fees are nonrefundable unless the activity is canceled by Terry Conners Rink. Credits and refunds will not be issued for absences, lateness, sickness, fatigue, or family emergencies. Changes will only be accommodated if there is space available. TCR Camp registration is for full weeks only; no partial weeks of camp accepted.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_