

**LESSON REGISTRATION FORM**

**TERRY CONNERS SKATING SCHOOL REGISTRATION FORM  
CITY OF STAMFORD, 1125 COVE ROAD, STAMFORD, CT 06902 (Phone: 977-4728)**

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

AGE \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE - HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Any medical and/or other conditions, language communication difficulties that may restrict, or otherwise affect this student's participation should be listed here.

\_\_\_\_\_  
In lieu of Physician's Certification, I take full responsibility for any ill effect suffered by myself or my child's participation in this activity.

How did you hear about our program? \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Class Registering for: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

We accept payment in the form of cash, check, mastercard, or visa. Please include credit card number and expiration date.

\_\_\_\_\_  
Send to: Terry Connors Rink, 1125 Cove Road, Stamford, CT 06902 Fax: (203) 977-4184 Phone: (203) 977-4728