



CAMP REGISTRATION

2026

Skater _____ Parent/Guardian _____

Address _____ Male/Female _____

City _____ State _____ Zip _____ Email _____

Home/Work Phone _____ Cell Phone _____

Age _____ Birthdate _____

Will your child need to use skate rental, if yes, their size _____

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

Email to: terryconners@stamfordct.gov

Week 1: JUNE 22-26	Week 2: JUNE 29-JULY 3	Week 3: JULY 6-10
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
Week 4: JULY 13-17	Week 5: JULY 20-24	Week 6: JULY 27-31
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
Week 7: AUG. 3-7	Week 8: AUG. 10-14	CAMP FEES: \$150.00 per week
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	
CAMP TOTAL	DEPOSIT (Due at Registration)	FINAL PAYMENT

Stamford Resident Discounts - Multi Weeks-After Wk 1: \$135.00

Payments & Balance If registering for more than 2 weeks of camp, payments can be made in 2 installments, otherwise full payment is due at time of registration.

Payment Method MasterCard Visa Discover 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)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

				/								
--	--	--	--	---	--	--	--	--	--	--	--	--

Expiration Date

security code (amex 4 digits)

Signature _____

Date _____

Terry Conners Rink Pre School Camp - 2026

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 SEVERE IS THE ALLERGY?**

YES NO _____

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

YES NO _____

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

YES NO _____

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 for Participation and Release of Claims

In consideration of being accepted for attendance in the 2026 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 hereby agrees to hold harmless, and indemnified said facility, its directors, instructors, assistants, employees, agents and volunteers, for any liability sustained because of the negligent, willful or intentional acts of said participant, including expenses incurred by the attendant thereto.

I, thereby, request participation and grant permission for the 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 medical reasons, 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 made if there is space available. TCR Camp registration is for full weeks only; no partial weeks of camp are accepted.

Your child must be potty trained, no diapers, or pullups; they should be able to use the bathroom without assistance.

PARENT/GUARDIAN SIGNATURE _____ Date _____