LESSON REGISTRATION FORM

TERRY CONNERS RINK – SKATING SCHOOL REGISTRATION FORM
CITY OF STAMFORD, 1125 COVE ROAD, STAMFORD, CT 06902
PHONE: 203-977-4728 WWW.TCRINK.COM

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE (DATE OF BIRTH)</td>
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ADDRESS ____________________________________________

CITY __________________________ STATE __________ ZIP ____________

PHONE – HOME or CELL __________________________ WORK __________________________

EMAIL __________________________ PARENT NAME __________________________

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.

DATE __________________________ Signature of Parent or Guardian

Class Registering for: __________________________ Day __________________________ Time __________________________

We accept payment in the form of cash, check, credit cards (No Amex). Include credit card number and expiration date. Please include CCV Code and Name on Credit Card.

REGISTRATION CAN BE DONE BY MAIL, FAX, EMAIL OR PHONE:
Send to: Terry Conners Rink, 1125 Cove Road, Stamford 06902
Email: terryconners@stamfordct.gov
Fax: (203)977-4184
Call 203-977-4728