

LESSON REGISTRATION FORM

**TERRY CONNERS RINK – SKATING SCHOOL REGISTRATION FORM
CITY OF STAMFORD, 1125 COVE ROAD, STAMFORD, CT 06902 (Phone: 203-977-4728)**

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.

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, EMAIL OR PHONE:

Send to: Terry Connors Rink, 1125 Cove Road, Stamford 06902

Email: terryconnors@stamfordct.gov

Fax: (203)977-4184

Call 203-977-4728