

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

CHILD'S NAME _____ MALE _____ FEMALE _____

AGE _____ (DATE OF BIRTH) _____ SCHOOL _____

CHILD'S NAME _____ MALE _____ FEMALE _____

AGE _____ (DATE OF BIRTH) _____ SCHOOL _____

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, or credit cards. 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 Connors Rink, 1125 Cove Road, Stamford 06902

Email: terryconnors@stamfordct.gov

Fax: (203)977-4184

Call 203-977-4728