

**Terry Conners 2010 Summer
Basic Skills Camp**

1125 Cove Road, Stamford, CT 06902
(203)977-4514 www.tcrink.com

July 19 – July 23

July 26 – July 30

Full Day Camp: 9:00am – 4:15pm

Half Day Camp: 9:00am – 12:00pm

OR 12:15pm – 4:15pm

Camp is M-F; Daily sessions avail.

Levels: Beginner Skaters – Basic 8 (Ages 5 – 13 yrs. Old)
(Experienced Skaters ages 3 – 13 yrs old)

Bring a brown bag lunch & drink/water bottle – a healthy snack will be provided by the Camp; Wear sneakers & comfortable clothes for off ice classes.

Daily Group Schedule

9:00 – 9:20am	Warm-up Off Ice
9:40 – 10:30am	On Ice Class
10:40 – 11:10am	Snack
11:20 – 12:10pm	Off Ice Class/Activity
12:10 – 1:00pm	Lunch
1:00 – 1:45pm	On Ice Class
2:00 – 2:45pm	Off Ice Class/Activity
3:00 – 4:00pm	On Ice Class
4:15	Dismissal

Aug. 2 – Aug. 6

Aug. 9 – Aug. 13

Mini Half Day Camp: 8:00am – 12:00pm

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Daily Group Schedule for Basic Skills Mini Half Day Camp will consist of a warm up off ice; on ice basic skills classes; snack time; off ice classes; off ice activity.

<u>Camp Costs:</u>	Full Day/Full Week \$350.00	Half Day/Full Week \$175.00
	Per Day/Full Day \$ 80.00	Per Day/Half Day \$ 45.00
	Mini Half Day Camp \$175.00/wk	Mini Half Day Camp \$ 45.00/day

Full payment if required when registering for Camp

We must receive a minimum of 20 campers to run this basic skills camp.

THIS FORM MUST BE SUBMITTED TO TERRY CONNERS ICE RINK AT ADDRESS BELOW

TERRY CONNERS 2010 SUMMER CAMP REGISTRATION FORM
1125 Cove Road, Stamford, CT 06902 (203)977-4514 www.tcrink.com

Name _____ Age _____ Birthdate _____ Male/Female _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian _____ Home Phone _____
E-mail _____ Cell Phone _____ Work Phone _____
Skating Level _____

Medical Information, Registration Form, Waiver and Payment must be completed at time of enrollment.

Please provide the following medical information:

Primary Physician: _____ Phone: _____

Name of Insurance Carrier: _____ Policy # _____

Telephone number where you can be reached during camp hours: _____

Please list any allergies (including food and drug allergies) or medical conditions:

WAIVER OF LIABILITY

I agree to waive liability and release any and all claims against the City of Stamford, Terry Connors Rink, its members, and all of their officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's' participation in these activities.

Signature of Parent or Legal Guardian _____

Skater's Name _____ Date _____