

**Terry Conners 2010 Summer
Figure Skating Camp**

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

July 19 – July 23

Full Day Camp: 8:00am – 4:00pm

July 26 – July 30

Half Day Camp: 8:00am – 12:00pm

Camp is M-F; Daily sessions avail.

OR 12:00pm – 4:00pm

Levels: Free Skate 1 and Above Skaters

*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

Single Classes of Off Ice can be taken at \$15.00 a class

8:00 – 8:20am	Warm-up Off Ice
8:30 – 9:30am	On Ice Freestyle
9:40 – 10:30am	Off Ice Class
10:55 – 11:55pm	On Ice-Stroking/Dance
12:10 – 1:00pm	Lunch
1:00 – 1:45pm	Off Ice Class
2:00 – 3:00pm	On Ice-Freestyle/Choreography
3:00 – 4:00pm	Off Ice Class/Activity
4:00	Dismissal

On Ice Classes will consist of : Spin Class, Jump Class, Creative Movement, Dance/Moves.

Off Ice Classes will consist of : Conditioning, Ballet/Stretch, Spinner, Harness, Hip Hop

Aug. 2 – Aug. 6

Mini Half Day Camp: 8:00am – 12:00pm

Aug. 9 – Aug. 13

Mini Half Day Camp: 8:00am – 12:00pm

Daily Group Schedule for Freestyle Mini Half Day Camp will consist of a warm up off ice; freestyle/dance on ice; snack time; freestyle and choreography on ice; off ice class.

<u>Camp Costs:</u>	Full Day/Full Week	\$450.00	Half Day/Full Week	\$225.00
	Per Day/Full Day	\$100.00	Per Day/Half Day	\$ 55.00
	Mini Half Day Camp	\$225.00/wk	Mini Half Day Camp	\$ 55.00/day
	Single Class for Off Ice - \$15.00 per class			

Full payment if required when registering for Camp

We must receive a minimum of 15 campers to run this figure skating camp.

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 _____