

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 – also bring a healthy snack
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 – 9:30am	Off Ice Class	12:00 – 1:10pm	Lunch/Snack/Public Skating
9:40 – 10:40am	On Ice Class	1:10 – 1:40pm	Off Ice Class
10:40 – 11:10am	Off Ice Class	1:50 – 2:50pm	On Ice Class
11:20 – 11:50pm	On Ice Class	3:00 – 3:30pm	Off Ice Class
		3:30 – 4:00pm	On Ice Class

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 (Mini Half Day Camp)

8:00 – 8:20am	Off Ice Warm up
8:30 – 10:00am	On Ice Class
10:10 – 12:00pm	Off ice Classes/Snack

*Wednesday Schedule will differ
On Ice time will be between 9:10-10:30am*

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 conditioning class.

Camp Costs: (*Full payment if required when registering for Camp*)

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

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