

2010 Summer Skating Lessons

at Terry Conners Rink - www.tcrink.com

1125 Cove Road, Stamford, CT 06902 – (203)977-4514

Age Guide: Snowplow Sam - 3 & 4 yr. olds; Kinderclass - 5 & 6 yr olds; Basic 1-8 - ages 7 & up

July 6 - August 12, 2010 (6 weeks)

All Basic Levels are held on Tuesday or Thursday Evenings (Specialty Classes are either Tuesday or Thursday)

Tuesday Classes	Lesson	Practice	Thursday Classes	Lesson	Practice
Snowplow Sam 1	6:30-6:55pm	7:00-7:25pm	Snowplow Sam 1	6:30-6:55pm	7:00-7:25pm
Snowplow Sam 2, 3	7:00-7:25pm	6:30-6:55pm	Snowplow Sam 2, 3	7:00-7:25pm	6:30-6:55pm
Kinderclass A	6:30-6:55pm	7:00-7:25pm	Kinderclass A	6:30-6:55pm	7:00-7:25pm
Kinderclass B, C, D	7:00-7:25pm	6:30-6:55pm	Kinderclass B, C, D	7:00-7:25pm	6:30-6:55pm
Basic 1	6:30-6:55pm	7:00-7:25pm	Basic 1	6:30-6:55pm	7:00-7:25pm
Basic 2, Basic 3	7:00-7:25pm	7:25-7:50pm	Basic 2, Basic 3	7:00-7:25pm	7:25-7:50pm
Basic 4, Basic 5, Basic 6	7:25-7:50pm	7:00-7:25pm	Basic 4, Basic 5, Basic 6	7:25-7:50pm	7:00-7:25pm
Basic 7, Basic 8	7:25-7:50pm	7:00-7:25pm	Basic 7, Basic 8	7:25-7:50pm	7:00-7:25pm
Adult Class	6:30-6:55pm	7:00-7:25pm	FreeSkate Class 1-4	6:30-6:55pm	7:00-7:25pm
Dance Class	7:25-7:50pm	7:00-7:25pm	FreeSkate Class 4-8	7:25-7:50pm	7:00-7:25pm

Make Up Week for any Missed Classes will be on August 17 & 19 starting at 7:10pm (schedule will be provided-classes will be 7:10; 7:40 or 8:05pm this week)

Some classes may be combined due to number of enrollments.

All Skaters ages 3-7 must wear a helmet and gloves/mittens. All Beginners ages 7 and up must wear a hat or helmet and gloves/mittens. No shorts.

Children are not to be left in the Ice Rink; even though your child is in a lesson with an instructor they are allowed to get off the ice. Parents/guardians must stay inside the Rink Building at all times. If an emergency arises where you have to leave, please notify office personnel; your child needs to know where you are.

Fees: (6 wk cycle): Residents \$75.00 Non Residents \$123.00 Skate Rental \$3.00 each wk

TERRY CONNERS SKATING SCHOOL REGISTRATION FORM - 1125 COVE ROAD, STAMFORD, CT 06902

CHILD'S NAME _____ AGE _____ DOB _____ H-PHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

C-PHONE _____ EMAIL _____

Any medical/condition, language communication difficulties that may restrict, or 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, mastercard, discover or visa. Please include credit card number and expiration date. Send to TERRY CONNERS RINK at 1125 Cove Rd. Stamford, 06902, fax (203) 977-4184 or call (203) 977-4514