

LESSON REGISTRATION FORM

**TERRY CONNERS SKATING SCHOOL REGISTRATION FORM
CITY OF STAMFORD, 1125 COVE ROAD, STAMFORD, CT 06902 (Phone: 977-4514)**

CHILD'S NAME _____ MALE _____ FEMALE _____

AGE _____ (DATE OF BIRTH) _____ SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE - HOME _____ WORK _____

CELL PHONE _____ EMAIL _____

EMERGENCY NAME _____ PHONE _____

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.

How did you hear about our program? _____

DATE _____

Signature of Parent or Guardian

Class Registering for: _____ Day _____ Time _____

We accept payment in the form of cash, check, mastercard, or visa. Please include credit card number and expiration date.

Send to: Terry Connors Rink, 1125 Cove Road, Stamford, CT 06902 Fax: (203) 977-4184 Phone: (203) 977-4514