

Terry Conners Rink

City of Stamford, Connecticut



Terry Conners Camp

1125 Cove Road, Stamford, CT 06902
(203) 977-4728 www.tcrink.com

CAMP REGISTRATION

2018

Skater _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____

Home/Work Phone _____

Cell Phone _____

Age _____ Birthdate _____ Male / Female

Skating Level _____

Home Rink _____

Private Coach _____

Allergies _____

Emergency Contact or Responsible Adult for Arrival and/or Pick Up, If Other Than Parent

Name _____ Phone _____ Relationship _____

Form Submission

Mail, Phone, in Person: Terry Conners Rink - 1125 Cove Road, Stamford, CT 06902 – (203) 977-4728

Fax to: 203-977-4184

Email to: terryconners@stamfordct.gov

Week 1: JUNE 25-JUNE 29		Wk 2: *JULY 2-JULY 6 (4 days)		Week 3: JULY 9-JULY 13	
FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>
If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>	
Fee \$ _____		Fee \$ _____		Fee \$ _____	
Week 4: JULY 16-JULY 20		Week 5: JULY 23-JULY 27		Week 6: JULY 30-AUG. 3	
FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>
If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>	
Fee \$ _____		Fee \$ _____		Fee \$ _____	
Week 7: AUG. 6-AUG. 10		Week 8: AUG. 13-AUG. 17		Week 9: AUG. 20-AUG. 24	
FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	Half Day AM or PM <input type="checkbox"/>
If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>		If Half Day-Friday Full (show participation) <input type="checkbox"/>	
Fee \$ _____		Fee \$ _____		Fee \$ _____	
Camp Total	1st Installment (due at registration)	2nd Installment		Final Installment	

Payments & Balance

IF REGISTERING FOR 1 OR 2 WEEKS OF CAMP FULL PAYMENT IS DUE AT TIME OF REGISTRATION. If registering for more than 2 weeks of camp payments can be made in 2 or 3 installments and must be paid in full by Monday of your child's final week of camp. Installment dates will be determined by Rink Mgmt. Other payment plans can be arranged with the Rink Office. TCR will charge a non-refundable fee of \$50.00 for cancellations, absences or no-shows per week that the camper was registered for.

ALL REGISTRATION IS FOR FULL WEEK; NO DAILY OR PRO-RATED SESSIONS FOR 2018 SUMMER CAMP EXCEPT FOR WEEK 1.

Payment Method MasterCard Visa Discover **TCR DOES NOT ACCEPT AMEX**

A credit card is required with all registrations; including check payments, and will be kept on file to guarantee payment of balance.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I authorize Terry Conners Rink to charge my credit card listed for any balance due at the end of camp.

Signature _____

Date _____

Allergies

Does the camper have any allergies of any kind, including food, or any medical or health conditions which TCR Camp needs to be aware of? If yes, explain. **Does the camper use an EpiPen?**

YES NO

Medication

Will the camper take any medications at camp? If yes, you must fill out a medication authorization form and list medications.

YES NO

Physical Restrictions

Are there any activities from which the camper should be restricted? If yes, please explain.

YES NO

Special Needs

Does the camper have an IEP (Individual Education Program), use an aide in school, or have any special needs which our staff must be aware of? If yes, explain.

YES NO

If your child has special needs, what is the best way to handle any circumstances that may arise with your child?

We may not be able to accommodate special needs children. The rink office must be notified 3 weeks prior to the start of camp to see if we are equipped to enroll your child.

Photo Release

I authorize that Terry Conners Rink has the right to use all photographs taken of me or my child during camp and lessons for any rink published brochures or pictures posted in the rink lobby or website. Terry Conners Rink only posts pictures, no names of skaters or participants are used in promotional materials.

Request of Participation and Release of Claims

In consideration for being accepted for attendance in the 2018 Terry Conners Skating Summer Camp at Terry Conners Rink, 1125 Cove Road, Stamford, CT on behalf of my child listed, I hereby assume all risks of personal injury, sickness, death, damage, expense as a result in participation in all activities involved therein. The undersigned further hereby agrees to hold harmless, and indemnify said facility, its directors, instructors, assistants, employees, agents and volunteers, for any liability sustained as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care and discipline my child. Further, if it should be necessary for the participant to return home due to a medical reason, disciplinary action or otherwise, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

I give my son/daughter permission to attend Terry Conners Summer Camp at Terry Conners Rink, 1125 Cove Road, Stamford, CT and to take a short walk to Cove Island Park and Beach, as an activity during the Camp.

All activity/program fees are non-refundable unless the activity is canceled by Terry Conners Rink. Credits and refunds will not be issued for absences, lateness, sickness, fatigue, or family emergencies. Changes will only be accommodated if there is space available. TCR Camp registration is for full weeks only; no partial weeks of camp accepted.

PARENT/GUARDIAN SIGNATURE _____ Date _____