

# Terry Conners Rink

City of Stamford, Connecticut



# Terry Conners Camp

1125 Cove Rd, Stamford, CT 06902

(203)977-4728 [www.tcrink.com](http://www.tcrink.com)

## CAMP REGISTRATION

**2021**

Skater \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male / Female

Skating Level \_\_\_\_\_

Home Rink \_\_\_\_\_

Private Coach \_\_\_\_\_

Allergies (See Back of Form) \_\_\_\_\_

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](mailto:terryconners@stamfordct.gov)

Week 1A: JUNE 21-25	Week 1: JUNE 28-JULY 2	Week 2: JULY 5-9
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
Week 3: JULY 12-16	Week 4: JULY 19-23	Week 5: JULY 26-30
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____
Week 6: AUG. 2-6	Week 7: AUG. 9-13	CAMP FEES: Full Day 375.00 per week Half Day 250.00 per week
FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	FULL DAY <input type="checkbox"/> Half Day <input type="checkbox"/> AM or PM Please circle AM or PM for Half Day Fee \$ _____	
CAMP TOTAL	DEPOSIT (Due at Registration)	FINAL PAYMENT

### Stamford Resident Discounts

Multi Weeks-After Wk 1: \$325 Full Day

Multi Weeks-After Wk 1: \$220 Half Day

**Payments & Balance** If registering for more than 2 weeks of camp, payments can be made in 2 or 3 installments, otherwise full payment is due at time of registration. Other payment plans can be arranged with the Rink Office.

**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. (I authorize Terry Conners Rink to charge my credit card listed for any balance due at the end of camp)*

\_\_\_\_\_

Credit Card Number

\_\_\_\_ / \_\_\_\_

Expiration Date

\_\_\_\_

3 digit code

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Terry Conners Rink Camp - 2021

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## Allergies

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

YES  NO  \_\_\_\_\_  
\_\_\_\_\_

## Medication

Will the camper take any medication 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

*Due to Covid-19, I will follow all Camp Guidelines set forth by Terry Conners Rink and the State of Connecticut (See below Covid-19 Camp Procedures).* Additional Covid Waivers will need to be submitted and will be attached.

In consideration of being accepted for attendance in the 2021 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 and 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 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 Camp.

All activity/program fees are nonrefundable 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 \_\_\_\_\_

# CAMP GUIDELINES DUE TO COVID-19



## Safety & Health Measures

**Our No. 1 priority is to keep our participants, guests, skaters, parents, and staff healthy while providing exceptional on-ice programming. To do this, we are taking many steps to keep everyone safe. Remember we are all in this together and we need your help to keep everyone safe.**

- Terry Conners Camp is registered and certified through the State of CT for reopen
- Campers and workers will have a health check taken every time at drop off. If a child is not feeling well parents will have to come immediately and pick them up.
- Do not enter Terry Conners Rink, if you're feeling or showing symptoms of any communicable disease.
- High-risk customers are encouraged not to enter the facility.
- Rink capacity has been reduced under state guidelines per rink
- Campers will be required to wear masks while in locker rooms, and on the ice. Masks are not required for lunch and some outside activities.
- Parents will be required to drop off and pick up campers at front rink entrance door. Parents should not be coming into the building unnecessarily.
- Our experienced maintenance department has established rigorous cleaning standards with CDC approved chemicals.
- Hand sanitizing stations have been installed throughout the facility.

## Additional items that improve your customer experience:

- CAMPERS SHOULD NOT BE DROPPED OFF MORE THAN 10 MINUTES EARLY TO CAMP.
- Campers must use only their own, clearly identified, water bottle, and equipment.
- If your child needs skate rentals they will be used by only them and sanitized at the end of the week.
- Campers will be split up on the ice to have smaller groups.
- We will be utilizing all our locker rooms so we don't have too many campers in one room.
- Lunch will be in shifts to minimize number of campers in each group.

# Help us keep each other safe — and stop the spread of COVID-19



## 5 precautions we're taking to protect you:



Screening employees every day for symptoms



Ensuring they stay home if they are sick



Washing our hands and making hand sanitizer available



Cleaning and disinfecting all surfaces, areas and equipment



Posting social distancing signs

## 5 actions you can take to protect us:



Wear a face mask to cover your nose and mouth



Stay 6 feet apart from others and follow our signs



Don't enter if you are sick



Wash your hands/use hand sanitizer when you enter



Choose contactless payment options





Terry Connors Rink – City of Stamford  
WAIVER AND RELEASE OF LIABILITY  
READ BEFORE SIGNING



In consideration of being allowed to participate in any way in Terry Connors Rink/City of Stamford athletic/ sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to myself of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:
  - An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate as either a team member/group or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Terry Connors Rink and the City of Stamford and its employees, agents, trustees, and volunteers from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the named activities. I indicate my agreement to this hold harmless elective noted below.
6. By acknowledging and agreeing to sign below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; 2) that I specifically agree to release as provided herein of all the RELEASEES, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees, for any and all liabilities incident to my involvement or participation in these programs. Even if arising from the negligence of the Releasees or otherwise.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENTS SIGN FOR MINORS.**

Organization and/or Group Name: SUMMER ICE SKATING CAMP

Participant/Group Representative Name: \_\_\_\_\_

Participant/Group/Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

# INFORMED CONSENT – FOR AGES 65+

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19 and are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in the [CDC's guidance](#).<sup>1</sup>
- Staff and children living in households with individuals who are 65 years and older or have higher risk for severe illness from COVID-19 are recommended to stay home.

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Signature

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Printed Name

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Child's Name

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Date

(This form may be used for staff and parents of children enrolled at a youth camp during COVID-19 declared emergency)

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<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, Immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index BMI of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provider to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.