

**LESSON REGISTRATION FORM**

**TERRY CONNERS RINK – SKATING SCHOOL REGISTRATION FORM**

**CITY OF STAMFORD, 1125 COVE ROAD, STAMFORD, CT 06902**

**PHONE: 203-977-4728 [WWW.TCRINK.COM](http://WWW.TCRINK.COM)**

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

AGE \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_ SCHOOL \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

AGE \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE – HOME or CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL \_\_\_\_\_ PARENT NAME \_\_\_\_\_

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.

DATE \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Class Registering for: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

We accept payment in the form of cash, check, credit cards (No Amex). Include credit card number and expiration date. Please include CCV Code and Name on Credit Card.

**REGISTRATION CAN BE DONE BY MAIL, FAX, EMAIL OR PHONE:**

**Send to: Terry Connors Rink, 1125 Cove Road, Stamford 06902**

**Email: [terryconnors@stamfordct.gov](mailto:terryconnors@stamfordct.gov)**

**Fax: (203)977-4184**

**Call 203-977-4728**