



Sponsored by Skating Club of Southern Connecticut

July 14 – July 18      Full Day Camp: 9:30am – 4:30pm  
(Early drop off available at 9:00am)      Half Day Camp: 9:30am – 1:00pm  
Camp is M-F; Daily sessions avail.      OR      1:00pm – 4:30pm

Levels: Snowplow Sam to Freestyle 8 (must be able to skate)

Daily Group Basic Skills Schedule

9:30am Activity  
10:30am Off Ice Stretch  
11:20am On Ice Skating      Bring a Brown Bag Lunch  
12:20pm Lunch  
1:10pm Off Ice      A healthy snack will be provided by the Camp  
2:30pm On Ice Skating  
3:30pm Activity

Camp Costs:      Full Day/Full Week \$350.00      Half Day/Full Week \$175.00  
                         Per Day/Full Day \$ 80.00      Per Day/Half Day \$ 45.00

**(Checks are made payable to “SCSC” Skating Club of Southern CT)**  
Full payment is required when registering for Camp

We must receive a minimum of 20 campers to run this basic skills camp.

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TERRY CONNERS BASIC SKILLS 2008 SUMMER CAMP REGISTRATION FORM  
1125 Cove Road, Stamford, CT 06902      (203)977-4514 [www.tcrink.com](http://www.tcrink.com)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Information and Waiver Forms must be filled out and attached with above camper information.

**Please provide the following medical information:**

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Telephone number where you can be reached during camp hours: \_\_\_\_\_

Please list any allergies (including food and drug allergies) or medical conditions we should be aware of:

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**WAIVER OF LIABILITY**

I agree to waive liability and release any and all claims against the City of Stamford, Terry Conners Rink, Skating Club of Southern Connecticut, its members, and all of their officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's' participation in these activities.

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

Skater's Name \_\_\_\_\_ Date \_\_\_\_\_