Wonderland of Ice

123 Glenwood Avenue Bridgeport, CT
203-576-8118
www.Wonderlandofice.com

HOCKEY SKILLS FOR GIRLS!!!

2018 Spring Session

Presented By:

Chris Avena & Billy Garfield

Hockey Coaches with 20 Years of Experience Teaching Young Players
What the Game of Ice Hockey is Really All About!

ALL AGE & SKILL LEVELS ARE WELCOME

WE WILL IMPROVE YOUR:

*STICK HANDLING
*SHOOTING
*PASSING
*POWER SKATING: Speed, Transitions & Backward

April 10th through June 12th, 2018 *10 Weeks!
Tuesdays: 6:30 to 7:45PM
$150

SPACE IS LIMITED

FOR MORE INFORMATION CALL (203)799-7200

Wonderland of Ice Girls Only SPRING 2018

Hockey Skills Clinic

NAME _____

ADDRESS _____

_____

PHONE _____ DATE OF BIRTH _____

EMERGENCY
NAME & PHONE _____

EMAIL ADDRESS _____

PARENT'S NAMES _____

TOTAL COST $150

***ALL ACCOUNTS MUST BE PAID IN FULL WITH APPLICATION**

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

WONDERLAND OF ICE
123 GLENWOOD AVENUE
BRIDGEPORT, CT 06610

(203) 576-8118

RELEASE MUST BE SIGNED, OVER PLEASE →

WONDERLAND OF ICE HOCKEY SCHOOL

Girls Hockey Skills Clinic 2018

RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OR MINORS TEMPORARILY SEPARATED FROM PARENTS OR GUARDIANS

I, _____, wish to skate on and/or have my child,

_____ skate on ice made available for purchase by the Wonderland of Ice Associates, Incorporated through the Wonderland Hockey School and Greg Mondo. In consideration of the acceptance of this registration, I understand that by signing this form, I give up the right to sue the Wonderland of Ice Associates, Incorporated and Chris Avena, Billy Garfield or their shareholders for any claim including, but not limited to negligence for injuries or loss of property, which might occur to skating and/or non-skating participants during normal camp activities, inside or outside of the Wonderland of Ice facility.

I understand that ice skating and ice hockey are hazardous recreational activities and that I assume the risk of any injury, which may occur to me as a result of my participation in ice skating, both on and off the ice surface(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for treatment and care, any Wonderland of Ice arena official, who are of lawful age, for the purpose of authorizing and consenting to hospital emergency care and/or medical care or treatment, but not including elective treatment of the above named minor for any illness and/or injury incurred while I am away from the Wonderland of Ice arena or otherwise unable to give such consent. I understand that I am responsible for any and all costs and expenses for emergency care and/or medical care or treatment rendered to the above named minor and that I will be billed for these services directly by the doctor and/or hospital. This authorization shall remain in force for one year following enrollment, or until personally revoked in writing by the undersigned.
I also grant permission for the Wonderland of Ice to use images of my child in standard marketing and promotional materials.

I understand that I am also signing a binding contract for the purchase of subscription ice time. No make-ups will be granted unless sessions are cancelled by the Wonderland of Ice.

Signature of Parent_____

Print Name and Date_____