



# FALL & WINTER FREESTYLE ICE 2017-2018

123 Glenwood Avenue Bridgeport, CT  
203-576-8118  
[www.Wonderlandofice.com](http://www.Wonderlandofice.com)

**Sessions listed below are run by the Wonderland of Ice**

**MONDAYS: 6:20 to 8:00PM** \$399 (per 60 minutes) or \$539 (per 90 minutes)  
*September 11, 18, 25    October 2, 9, 16, 23, 30    November 6, 13, 20, 27    December 4, 11, 18\*\**  
*January 8, 15, 22, 29    February 5, 12, 19, 26    March 5, 12*

**TUESDAYS: 2:45 to 5:00PM** \$399 (per 60 minutes) or \$539 (per 90 minutes)  
*September 12, 19, 26    October 3, 10, 17, 24, 31    November 7, 14, 21, 28*  
*December 5, 12, 19\*    January 2, 9, 16, 23, 30    February 6, 13, 20, 27    March 6, 13*

**WEDNESDAYS: 2:45 to 5:00PM** \$199 (per 60 minutes) or \$279 (per 90 minutes)  
*September 13, 20, 27    October 4, 11, 18, 25    November 1, 8, 15    March 7, 14*

**THURSDAYS: 6:00 to 7:30PM** \$399 (per 60 minutes) or \$539 (per 90 minutes)  
*September 7, 14, 21, 28    October 5, 12, 19\*    November 2, 9, 16\*, 30    December 7, 14, 21\**  
*January 4, 11, 18, 25    February 1, 8, 15, 22    March 1, 8, 15*

**FRIDAYS: 2:45 to 5:00PM** \$399 (per 60 minutes) or \$539 (per 90 minutes)  
*September 8, 15, 22, 29    October 6, 13, 20\*    November 3, 10, 17\**  
*December 1, 8, 15, 22\*    January 5, 12, 19, 26    February 2, 9, 16, 23    March 2, 9, 16*

**SATURDAYS: Noon TO 1:30PM** \$399 (per 60 minutes) or \$539 (per 90 minutes)  
*September 9, 16, 23, 30    October 7, 14, 21\*    November 4, 11, 18\**  
*December 2, 9, 16, 23\*    January 6, 13, 20, 27    February 3, 10, 17, 24    March 3, 10, 17*

**SUNDAYS: 10:00 TO 11:00AM** \$379 (per 60 minutes)  
*September 10, 17, 24    October 1, 8, 15, 22\*    November 5, 12, 19\*    December 3, 10, 17\*\**  
*January 7, 14, 21, 28    February 4, 11, 18, 25    March 4, 11, 18*

*\*Indicates the next calendar week is a skipped session*

**Prices per 60 or 90 minutes of skating time, additional charges will be assessed for additional ice usage, please indicate exact ice time desired**

**on your ice contract.**

**OVER → ☺**

ALL SUBSCRIBED SKATERS MUST BE CURRENT USFS or ISI MEMBERS  
**\*\*\*All Sessions can be pro-rated at \$13 per session to reflect actual start date\*\*\***

EARLY MORNING MONDAY through FRIDAY: 6:00 – 9:00AM \$30 per session

**2018 PIONEER OPEN: Date TBD**

**FREESTYLE GUEST FEES: \$20 per 60 Minute Hour  
\$25 per Ninety Minutes  
HOCKEY LESSONS: \$15 Per 30 minutes**

***Payment Plans for Subscription Ice are Available, Please contact Lisa.***

**NO STICKS OR PUCKS ARE ALLOWED ON THE ICE DURING FREESTYLE**

\*NO THIRTY MINUTE SESSIONS WILL BE SOLD EXCEPT TO HOCKEY LESSONS.

***\*ALL COACHES WILL BE HELD RESPONSIBLE FOR THE UNPAID GUEST FEES OF THEIR STUDENTS!***

\*HOCKEY LESSONS WILL BE CONDUCTED IN A MANNER WHICH WILL NOT DISRUPT THE FIGURE SKATERS, INCLUDING BUT NOT LIMITED TO ICE UTILIZATION AND EXCESSIVE NOISE, NO GROUPS OF MORE THAN TWO SKATERS WILL BE ALLOWED.

\*ANY SESSIONS CANCELED BY WOI OR DUE TO INCLEMENT WEATHER WILL BE MADE UP AFTER MARCH 20<sup>TH</sup> OR CREDITED TOWARDS SPRING ICE

\*NO MAKE-UPS WILL BE ALLOWED, UNLESS SESSIONS ARE CANCELLED BY THE WONDERLAND OF ICE.

\*NO CELL PHONES OR HEAD PHONES ALLOWED ON THE ICE.

\*NO FOOD ON THE ICE, PLASTIC WATER BOTTLES ONLY.

\*THE WONDERLAND OF ICE RESERVES THE RIGHT TO CANCEL ANY SESSION WITH LESS THAN TEN SUBSCRIBED SKATERS.

\*SKATERS WILL BE REQUIRED TO PURCHASE A \$15 MUSIC TAG TO USE THE SOUND SYSTEM

\*BRIDGEPORT SKATING CLUB RULES WILL PREVAIL AT ALL SESSIONS

**THE RINKSIDE PLAYER'S BOXES AND MUSIC BOX AREAS ARE FOR SKATERS AND COACHES ONLY.**

**VIEWING PRACTICE SESSIONS WILL BE DONE FROM THE LOBBY OR BLEACHERS.**

**PROFESSIONALS OF SUBSCRIBED SKATERS ARE WELCOME WITH CURRENT INSTRUCTOR'S LIABILITY INSURANCE, UPON APPROVAL.**

Wonderland of Ice FALL & WINTER FREESTYLE 2017-18

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY  
NAME & PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PROFESSIONAL'S NAME \_\_\_\_\_

ICE TIME DESIRED \_\_\_\_\_

+ Music Scan Tag\*\* \$15

TOTAL COST \_\_\_\_\_

75% DEPOSIT \_\_\_\_\_

*\*\* Music Tags are good for multiple seasons*

**\*ALL ACCOUNTS MUST BE PAID IN FULL BY January 15, 2018**

**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 SKATING SCHOOL

## Freestyle Subscription Ice Time

### **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 Skating School. 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 or its 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 is a hazardous recreational activity 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 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 \_\_\_\_\_