



123 Glenwood Avenue Bridgeport, CT
203-576-8118

www.Wonderlandofice.com

www.wonderlandskatingschool.com

2017 SUMMER ICE FREESTYLE

SATURDAYS:

9:00 – 11:00AM and JUNE 24 JULY 1, 8, 15, 22, 29
Noon – 1:30PM AUGUST 5, 12, 19, 26 SEPTEMBER 2

SUNDAY MORNINGS:

10:00 – 11:00AM JUNE 25 JULY 2, 9, 16, 23, 30
AUGUST 6, 13, 20, 27 SEPTEMBER 3

TUESDAY EVENINGS:

5:00 – 7:30PM JUNE 27 JULY 11, 18, 25
AUGUST 1, 8, 15, 22, 29

THURSDAY EVENINGS:

5:00 – 7:30PM JUNE 29 JULY 6, 13, 20, 27
AUGUST 3, 10, 17, 24, 31

WEEKDAY, MONDAY THROUGH FRIDAY MORNINGS:

Monday, June 26th through Friday, June 30th
Monday, July 3rd through Friday, July 7th
Monday, July 10th through Friday, July 14th
Monday, July 17th through Friday, July 21st
Monday, July 24th through Friday, July 28th
Monday, July 31st through Friday, August 4th
Monday, August 7th through Friday, August 11th
Monday, August 14th through Friday, August 18th
Monday, August 21st through Friday, August 25th
Monday, August 28th through Friday, September 1st

7:00 – 9:30AM Freestyle Daily

OVER PLEASE →

COST ALL SESSIONS :

\$165 PER TEN HOURS OF SUBSCRIBED* ICE

\$300 PER TWENTY HOURS OF SUBSCRIBED* ICE

\$400 PER THIRTY HOURS OF SUBSCRIBED* ICE

***To be “Subscribed” Ice, application must be received by 7/01/17 and all sessions to be skated must be listed. Once the application is accepted there will be no substitutions, changes or make-ups to the sessions listed.**

GUEST FEE IS \$20 PER SIXTY MINUTE HOUR

POWER SKATERS & EARLY BIRDS*

June 26th through September 1st: MONDAY THROUGH FRIDAY
6:00AM – 7:00AM

\$15 per Thirty Minutes

**By Arrangement*

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

ALL SKATERS MUST BE CURRENT USFS or ISI MEMBERS

BRIDGEPORT SKATING CLUB RULES WILL PREVAIL AT ALL SESSIONS, WITH MODIFICATIONS AT THE SOLE DISCRETION OF THE WOI STAFF.

*Skating School Director, Eileen Mantell (203)258-6462
Wonderland of Ice (203) 576-8118*

Wonderlandskating@gmail.com

Wonderland of Ice SUMMER FREESTYLE 2017

NAME

ADDRESS

PHONE

DATE OF BIRTH

**EMERGENCY
NAME & PHONE**

EMAIL ADDRESS

PROFESSIONAL'S NAME

ALL ICE TIME DESIRED MUST BE LISTED ON BACK PRIOR TO July 1, 2017

TOTAL COST

75% DEPOSIT

***ALL ACCOUNTS MUST BE PAID IN FULL AUGUST 1, 2017**

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 _____