



Wonderland of Ice  
123 Glenwood Ave  
Bridgeport, CT  
(203)576-8118  
[www.wonderlandofice.com](http://www.wonderlandofice.com)

**Under the Direction of:**  
**Sebastien Geerens**  
**20 Years Power Skating Coach!**

**Gain the Edge During the Spring  
EXTREME Power Focuses on:**

- Technique and Form**
- Weight Shift**
- Knee Bend and Body Position**
- Explosive Acceleration**
- Backwards Skating**
- Balance, Agility, and Mobility**
- Starts and Stops**

**Thursday Evenings**  
**March 28<sup>th</sup> thru June 6<sup>th</sup> 2019**  
**7:30pm to 9:00pm on ice**  
**\$349.00**

**Space is limited. Don't Hesitate and Sign Up Today!**  
**For More Information Please Call (203)799-7200**

Wonderland of Ice **EXTREME Power 2019**  
**Hockey Skills Clinic**

**NAME**

---

**ADDRESS**

---

---

**PHONE**

**DATE OF BIRTH**

---

**EMERGENCY  
NAME & PHONE**

---

**EMAIL ADDRESS**

---

**PARENT'S NAMES**

---

**TOTAL COST \$349.00**

**\*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) 799-7200**

**RELEASE MUST BE SIGNED, OVER PLEASE →**

**WONDERLAND OF ICE HOCKEY SCHOOL**

**Extreme Power Skating 2019**

**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 Greg Mondo  
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 \_\_\_\_\_