



123 Glenwood Avenue Bridgeport, CT

203-576-8118

www.wonderlandoffice.com

LEARN TO SKATE 2019

- ❖ All classes include 30 minutes of instruction and 30 minutes of supervised practice
- ❖ Tots (3-4yrs) 30 minutes of instruction only (one session)
- ❖ Maximum class size - eight skaters
- ❖ Classes include Basic Skills, Hockey Basic Skills and Intro to Figure Skating
- ❖ Beginner through advanced skill levels for all ages
- ❖ Start classes anytime with our continuous enrollment policy

TEN SESSIONS \$199

TOT CLASS \$119

- ❖ Rental Skates for each class included in the price
- ❖ Classes must be taken on the same day of the week consecutively
- ❖ ONE make up class allowed during each 10-week session if requested in advance.

Classes Offered for Tots through Adults on:

SUNDAYS 11:10AM-12:10 Noon

SATURDAYS 11-12 Noon

WEDNESDAYS 5-6PM

FRIDAYS 5-6PM

For more information or to reserve your space please call
Skating School Director, Eileen at 203-258-6462

Email: wonderlandskating@gmail.com

Website: www.wonderlandskatingschool.com



Wonderland Skating School Policies

- ✓ Classes must be taken consecutively on the same day each week.
- ✓ ONE make-up class will be allowed during each ten week lesson series, only with prior advance notification to Skating Director, Eileen (203) 258-6462. **NO EXCEPTIONS!**
- ✓ All weather related class cancellations will be posted on the Wonderland Skating School and Wonderland of Ice Facebook pages. All skaters currently registered will also be notified by email.
- ✓ *Family Discount: Siblings will each receive a free lesson, which will be added to their programs
- ✓ *Re-Enrollment Bonus: Upon re-subscribing to any ten week program, skaters will each receive a bonus lesson, which will be added to their programs
- ✓ Use of rental skates is included in all programs.

QUESTIONS???

Eileen Mantell, Skating Director (203) 258-6462
wonderlandskating@gmail.com

Wonderland of Ice LEARN TO SKATE 2019

SKATER'S NAME _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____

EMERGENCY(Name/Phone) _____

PARENT'S NAMES _____

EMAIL ADDRESS (Print clearly) _____

CLASS DESIRED (Please circle)

SUNDAY

WEDNESDAY

FRIDAY

SATURDAY

SUNDAY TOT

WEDNESDAY TOT

FRIDAY TOT

SATURDAY TOT

START DATE _____ END DATE _____

FULL CLASS _____ \$199

TOT CLASS _____ \$119

Check # _____

PLEASE MAKE CHECKS PAYABLE AND MAIL TO :

WONDERLAND OF ICE
123 GLENWOOD AVENUE
BRIDGEPORT, CT 06110
203-576-8118

RELEASE MUST BE SIGNED—OVER PLEASE 

WONDERLAND OF ICE SKATING SCHOOL 2019

LEARN TO SKATE CLASSES

**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 have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree that this release will remain in effect indefinitely with my continued participation in the Wonderland of Ice Skating School. I grant permission to use photographs, videos and / or images of myself and / or my child in advertising and promotional materials for the Wonderland Skating School and / or the Wonderland of Ice.

I understand that I am also signing a binding contract for the purchase of subscription ice time. Exactly ONE Make-Up class per ten week class program will be granted unless sessions are cancelled by the Wonderland of Ice. Classes must also be taken on the same day and time each week.

By Checking this box I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

Signature of Parent _____

Print Name and Date _____