

Connecticut Cobras Hockey Club

Wonderland of Ice
Bridgeport, Connecticut



Under the Direction of Michael Ferguson

2020 Spring Season begins April 15th

Mite: Coach Dan Monck

at WOI April 24th, 25th, 26th

at STR June 12th, 13th, 14th

Squirt: Coach Paul Kelly

at WOI May 29th, 30th, 31st

at STR June 12th, 13th, 14th

Pee Wee: Coach Ed Almen/Shawn Ewald

at WOI May 29th, 30th, 31st

at STR June 12th, 13th, 14th

Bantam: Coach Paul Mastrony/Tony Aponte

at WOI May 15th, 16th, 17th

at Brewster June 12th, 13th, 14th

Midget: Coach Paul Mastrony/Tony Aponte

at WOI May 8th, 9th, 10th

at Brewster June 12th, 13th, 14th

10 practices

Wednesday or Thursday Evenings

2 Tournaments

Cost: \$495

Please call 203.799.7200 to sign up

Included with tuition:

Power Skating: Michelle Marella

Skills: Liam Ferguson

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Wonderland of Ice Registration & Waiver

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Emergency Contact & Phone: _____

Parent Name(s): _____

Email address: _____

Program: _____ Price: _____

Must be paid in full with completed application and waiver. Make check payable to: Connecticut Cobras

WONDERLAND OF ICE RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MINORS TEMPORARILY SEPARATED FORM PARENTS OR GUARDIANS

I, _____, wish to skate and/or have my child, _____ skate on ice made available for purchase by WOI, LLC. In consideration of the acceptance of this registration. I understand that by the signing this form, I give up the right to sue Wonderland of ICE, LLC or its shareholders for any clam including, but not limited to negligence for injuries or loss of property, which might occur to skating and/or non-skating participants during normal activities, inside or outside of the Wonderland of Ice, LLC 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 surfaces(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for treatment and care, any Wonderland of Ice, LLC official, who are of lawful age, for the purpose of authorizing and consenting to the hospital emergency 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 Wonderland of Ice, LLC 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 at the Wonderland of Ice, LLC arena. I grant permission to use photographs, videos and/or images of myself and/or my child in advertising and promotional materials for the Wonderland of Ice arena.

I understand that I am also signing a binding contract for the purchase of subscription ice time.

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

Signature of Parent/Skater: _____

Print Name: _____ Date: _____