



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

# Spring 2020 House Hockey League

League Director: Michael Ferguson

**MITES, SQUIRTS  
PEE WEES and BANTAMS**

TEN GAME SEASON MARCH 14<sup>th</sup> – JUNE 14<sup>th</sup>  
ALL GAMES SATURDAYS & SUNDAYS

**TEN GAMES + PLAY-OFFS  
THREE PRACTICES  
\*LEAGUE FEE INCLUDES GAME JERSEY\***

**\$219 PER PLAYER**  
\$219 NON-REFUNDABLE DEPOSIT IS REQUIRED  
\$50 LATE FEE, APPLICATIONS RECEIVED AFTER THE DRAFT

ALL PLAYERS WILL BE PLACED ON TEAMS THROUGH  
AN ENTRY DRAFT. DRAFT DATES AND TIMES ARE  
LISTED ON BACK →

**FOR MORE INFORMATION CALL 203-338-0202 or 203-799-7200**

# SPRING 2020 DRAFT DATES

MITES: SATURDAY MARCH 14<sup>th</sup>: 4:45 - 5:45PM

SQUIRTS: SATURDAY MARCH 14<sup>th</sup>: 6:00 – 7:00PM

PEE WEES + BANTAMS:

SATURDAY MARCH 14<sup>th</sup>: 7:15 – 8:15PM

**ALL PLAYERS ARE EXPECTED  
TO PLAY AT THEIR  
2020 - 2021 SEASON LEVEL**

*Spring Hockey Director: Michael Ferguson*

*All applications must be received prior to the start of  
the appropriate draft to avoid the late fee.*

**FOR MORE INFORMATION CALL:**

**(203)338-0202 or (203)799-7200**

Wonderland of Ice HOUSE SPRING HOCKEY '20

**PLAYER'S NAME**

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**ADDRESS**

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**PARENT'S NAMES**

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**PHONE**

**DATE OF BIRTH**

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**EMERGENCY  
NAME & PHONE**

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**EMAIL ADDRESS**

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**2020-2021 SEASON LEVEL**

**CIRCLE SPRING LEAGUE LEVEL DESIRED:**

**MITE                      SQUIRT                      PEE WEE                      BANTAM**

**TOTAL DEPOSIT AMOUNT                      \$219**

**After March 14, 2020                      \$269**

**PLEASE MAKE CHECK PAYABLE AND MAIL TO:**

**WONDERLAND HOCKEY SCHOOL**

**123 GLENWOOD AVENUE**

**BRIDGEPORT, CT 06610**

**(203) 338-0202 or (203) 799-7200**

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

**WONDERLAND OF ICE 2020 HOUSE LEAGUE SPRING HOCKEY**  
**RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_, wish to skate on or have my child,

\_\_\_\_\_ skate on ice made available for purchase by the Wonderland of Ice Associates, Incorporated. 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 activities.

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 and/or ice hockey, both on and off the ice surface(s).

I, the undersigned 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 should he/she be 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 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 Participant or Parent / Guardian \_\_\_\_\_

Print Name and Date \_\_\_\_\_