



WINTER 2021
FREESTYLE ICE

123 Glenwood Avenue Bridgeport, CT
203-576-8118
www.Wonderlandofice.com

Sessions listed below are run by the Wonderland of Ice
ALL WOI COVID POLICIES AND PROTOCOLS MUST BE FOLLOWED

Guest Fees for all sessions: \$30 per hour and \$50 per 90 minutes
Ice for Hockey Lessons: \$25 per 30 minutes

MONDAYS: 5:30 to 6:30PM \$89 (per 60 minutes)
January 4, 11, 18, 25 4 weeks

MONDAYS: 6:30 to 8:00PM \$249 (per 60 minutes) or \$359 (per 90 minutes)
January 4, 11, 18, 25 February 1, 8, 15, 22 March 1, 8 10 weeks

WEDNESDAYS: 3:30 to 5:00PM \$89 (per 60 minutes) or \$129 (per 90 minutes)
January 6, 13, 20, 27 4 weeks

THURSDAYS: 5:00 to 6:00PM \$89 (per 60 minutes)
January 7, 14, 21, 28 4 weeks

THURSDAYS: 6:00 to 7:30PM \$249 (per 60 minutes) or \$359 (per 90 minutes)
January 7, 14, 21, 28 February 4, 11, 18, 25 March 4, 11 10 weeks

FRIDAYS: 2:45 to 5:00PM \$249 (per 60 minutes) or \$359 (per 90 minutes)
January 8, 15, 22, 29 February 5, 12, 19, 26 March 5, 12 10 weeks

SATURDAYS: Noon to 1:30PM \$249 (per 60 minutes) or \$359 (per 90 minutes)
January 9, 16, 23, 30 February 6, 13, 20, 27 March 6, 13 10 weeks

SUNDAYS: 11:30AM to 12:30PM \$249 (per 60 minutes) or \$359 (per 90 minutes)
January 10, 17, 24, 31 February 7, 14, 21, 28 March 7, 14 10 weeks

**Prices per 60 or 90 minutes of skating time, additional charges will be assessed
for additional ice usage, please indicate exact ice time desired**

on your ice contract.

OVER → 😊

ALL SUBSCRIBED SKATERS MUST BE CURRENT USFS or ISI MEMBERS

******All Sessions can be pro-rated at \$20 per session missed to reflect actual start date******

2021 PIONEER OPEN: TBA

Payment Plans for Subscription Ice are Available, Please contact Lisa.

**MASKS MUST BE WORN AND SOCIAL DISTANCING OBSERVED
EVERYWHERE WITHIN THE WONDERLAND OF ICE & ON ICE**

**ALL SKATERS ARE SUBJECT TO DAILY HEALTH SCREENINGS AND
TEMPERATURE CHECKS**

NO STICKS OR PUCKS ARE ALLOWED ON THE ICE DURING FREESTYLE

*NO THIRTY MINUTE SESSIONS WILL BE SOLD EXCEPT TO HOCKEY LESSONS.

****ALL COACHES WILL BE HELD RESPONSIBLE FOR THE UNPAID GUEST FEES OF THEIR STUDENTS!***

*HOCKEY LESSONS WILL BE CONDUCTED IN A MANNER WHICH WILL NOT DISRUPT THE FIGURE SKATERS, INCLUDING BUT NOT LIMITED TO ICE UTILIZATION AND EXCESSIVE NOISE, NO GROUPS OF MORE THAN **TWO** SKATERS WILL BE ALLOWED.

*ANY SESSIONS CANCELED BY WOI OR DUE TO INCLEMENT WEATHER WILL BE MADE UP AFTER MARCH 14, 2021 OR CREDITED TOWARDS SPRING ICE

*NO MAKE-UPS WILL BE ALLOWED, UNLESS SESSIONS ARE CANCELLED BY THE WONDERLAND OF ICE. ANY SESSIONS CANCELLED DUE TO COVID WILL HAVE FULL CASH VALUE TOWARDS FUTURE WONDERLAND OF ICE SESSIONS OR PROGRAMS.

*NO CELL PHONES OR HEAD PHONES ALLOWED ON THE ICE.

*NO FOOD ON THE ICE, PLASTIC WATER BOTTLES ONLY. WATER FOUNTAINS ARE CLOSED.

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

*SKATERS WILL BE REQUIRED TO PURCHASE A \$15 MUSIC TAG TO USE THE SOUND SYSTEM

MUSIC WILL ONLY BE AVAILABLE ON THE SCAN TAG SYSTEM.

NO PARENTS ALLOWED IN THE MUSIC OR PLAYERS BOXES.

VIEWING PRACTICE SESSIONS WILL BE DONE FROM THE LOBBY OR BLEACHERS.

**PROFESSIONALS OF SUBSCRIBED SKATERS ARE WELCOME WITH CURRENT
INSTRUCTOR'S LIABILITY INSURANCE, UPON APPROVAL.**

Wonderland of Ice WINTER FREESTYLE 2021

NAME _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

EMERGENCY
NAME & PHONE _____

EMAIL ADDRESS _____

PROFESSIONAL'S NAME _____

ICE TIME DESIRED _____

+ Music Scan Tag** \$15

TOTAL COST _____

75% DEPOSIT _____

*** Music Tags are good for multiple seasons*

***ALL ACCOUNTS MUST BE PAID IN FULL BY February 10, 2021**

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.

I AGREE TO ACCEPT AND FOLLOW ALL COVID-19 POLICIES & PROCEDURES AS REQUIRED BY THE WONDERLAND OF ICE PER THE COVID WAIVER. I ACCEPT THE INHERENT RISKS OF PARTICIPATING IN A SPORTING ACTIVITY IN A PUBLIC FACILITY.

By checking the box, I acknowledge that I have read and understand the above, as well as the COVID waiver.

Signature of Parent _____

Print Name and Date _____