

Wonderland of Ice BRIDGE CAMP 2013

SKATER'S
NAME _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

(Please Explain)
DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? _____

EMERGENCY
NAME & PHONE _____

PARENT'S NAMES _____

EMAIL ADDRESS _____

(Please Circle)
CAMP WEEKS DESIRED 1 2 3 4 5 6 7 8

Addtl Days or Comments _____

TOTAL COST & NON-REFUNDABLE DEPOSIT AMOUNT \$ _____

Check# _____

*****APPLICATION MUST BE RECEIVED SEVEN DAYS PRIOR TO START DATE**

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 SUMMER 2013

BRIDGE CAMP

**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 understand that I am also signing a binding contract for the purchase of subscription ice
time. No make-up classes will be offered unless sessions are cancelled by the Wonderland
of Ice.**

Signature of Parent _____

Print Name and Date _____