

Wonderland of Ice *Cirque du Wonderland* 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

Cirque du Wonderland 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 _____