

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

HOCKEY SKILLS FOR GIRLS!!!

2022 Summer Session

Presented By:

GREG MONDO & PAULA DADY

Head Coaches Fairfield-Warde & Trumbull Girls Hockey
Coaches Dedicated to Teaching Young Players
What the Game of Ice Hockey is Really All About!



ALL AGE & SKILL LEVELS ARE WELCOME

WE WILL IMPROVE YOUR:

*STICK HANDLING *SHOOTING *PASSING

*POWER SKATING: Speed,

Transitions & Backward

June 21st through August 16th, 2022 9 Weeks! Tuesdays: 6:30 to 7:30PM \$229

SPACE IS LIMITED

FOR MORE INFORMATION CALL (203)799-7200

Wonderland of Ice Sirls Only SUMMER 2022 Hockey Skills Clinic

NAME	
ADDRESS	
ADDRESS	
PHONE	DATE OF BIRTH
FMEDOENOV	
EMERGENCY	
NAME & PHONE	
EMAIL ADDRESS	
PARENT'S NAMES	

TOTAL COST \$229

*ALL ACCOUNTS MUST BE PAID IN FULL WITH APPLICATION

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 HOCKEY SCHOOL

GIRLS ONLY Hockey Skills Clinics 2022 RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OR MINORS TEMPORARILY SEPARATED FROM PARENTS OR GUARDIANS

I,, v	wish to skate on and/or have my child,
Associates, Incorporated through the W consideration of the acceptance of this right to sue the Wonderland of Ice Assoshareholders for any claim including, but	cate on ice made available for purchase by the Wonderland of Ice Conderland Hockey School and Greg Mondo and Paula Dady. In registration, I understand that by signing this form, I give up the ociates, Incorporated and Greg Mondo and Paula Dady or their at not limited to negligence for injuries or loss of property, which ng participants during normal camp activities, inside or outside
significant risks of injury. As such, I from which may occur to me as a result of my further agree to release both the operator	ckey are hazardous recreational activities and active sports with eely agree to assume and accept any and all risks of any injury, y participation in ice skating, both on and off the ice surface(s). It and all those associated with the facility from any and all jury that I may suffer while skating from any cause whatsoever,
and care, any Wonderland of Ice arena of consenting to hospital emergency care a treatment of the above named minor for Wonderland of Ice arena or otherwise ut for any and all costs and expenses for enabove named minor and that I will be be This authorization shall remain in force	ian, hereby appoint in advance of any specific need for treatment official, who are of lawful age, for the purpose of authorizing and and/or medical care or treatment, but not including elective any illness and/or injury incurred while I am away from the nable to give such consent. I understand that I am responsible mergency care and/or medical care or treatment rendered to the illed for these services directly by the doctor and/or hospital. until personally revoked in writing by the undersigned. and of Ice to use images of my child in standard marketing and
	binding contract for the purchase of subscription ice time. essions are cancelled by the Wonderland of Ice.
REQUIRED BY THE WONDERLAN	OW ALL COVID-10 POLICIES & PROCEDURES AS NO OF ICE AND ACCEPT THE INHERENT RISKS OF ACTIVITY IN A PUBLIC FACILITY.
Signature of Parent	
Print Name and Date	