



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

HOCKEY CHECKING CLINIC

Presented By:

MARK MONGILLO

Hockey Coach Fairfield Mustangs with 35 Years of Experience

LEARN THE BASICS:



- *BODY CHECKING
- *STICK CHECKING
- *SAFELY RECEIVING CHECKS
- *PUCK SEPARATION
- *POSITIONING / ANGLING

April 7th through June 9th, 2023 *10 Weeks!*
Friday Evenings: 8:00 to 9:15PM

\$269

SPACE IS LIMITED

FOR MORE INFORMATION CALL (203)799-7200

Wonderland of Ice Mark Mongillo SPRING 2023
Hockey Checking Clinic

NAME

ADDRESS

PHONE

DATE OF BIRTH

EMERGENCY
NAME & PHONE

EMAIL ADDRESS

PARENT'S NAMES

2022-2023 Team Affiliation

TOTAL COST \$269

*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 HOCKEY SCHOOL
PARTICIPANT WAIVER
-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in the **Spring Mark Mongillo Clinic** program(s), related events and activities of **the Wonderland Hockey School**, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the Wonderland Skating School, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in the Wonderland Skating School. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WONDERLAND OF ICE ASSOCIATES, INC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I give permission to use photographs and images of myself and/or my child in advertising and promotional materials, including, but not limited to standard social media outlets.
6. I understand that I am also signing a binding contract for the purchase of subscription ice time. No Make-Up classes will be granted unless sessions are cancelled by the Wonderland of Ice. Classes must also be taken on the same day and time each week.

By Checking this box I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Date Signed: _____ Age: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONES # (s) _____