



123 Glenwood Avenue Bridgeport, CT 06610
www.wonderlandofice.com

PIONEER HOCKEY SCHOOL 2021

Ice Hockey Developmental Skills Program

Under the Direction of the

Sacred Heart University Men's Division 1 Coaching Staff

Monday through Friday: July 12 through 16



C.J. Marottolo
Head Coach



Steve Bergin
Assistant Coach



Scott McDougall
Assistant Coach

*Skating *Shooting *Passing *Stick Handling
*Goalies *Comprehensive Hockey Skills Development

Space is Limited

Call (203) 799-7200 to Reserve

OVER →

PIONEER HOCKEY SCHOOL 2021 SCHEDULE

MITES

\$399 per 5 Day Session

July 12, 13, 14, 15, 16

9:30 to 11:30AM

SQUIRTS

\$399 per 5 Day Session

July 12, 13, 14, 15, 16

9:30 to 11:30AM

PEE WEE / BANTAM

\$399 per 5 Day Session

July 12, 13, 14, 15, 16

Noon to 2:00PM

Meet the Coaches

C.J. Marottolo is in his twelfth season at the helm of the Pioneers. Last season Marattolo's Pioneers clinched the CT Ice title defeating nationally ranked Quinnipiac in the championship. In that same season, he produced a top 10 Hobey Baker finalist and was named Atlantic Hockey Coach of the Year for the second straight season by the New England Hockey Journal. He as named the AHA Bauer Coach of the Year for 2009-10.

Before coming to Sacred Heart, **Marotollo** spent 13 years as an assistant and associate head coach at Yale and was an assistant coach at Trinity College for two years. He is a graduate of Northeastern University and slao spent two years as a player/head coach of the Hockey Club of Metz, France.

Scott McDougall begins his tenth season as and assistant coach at SHU, after spending two years on the coaching staff at Wesleyan. He is a 2007 graduate of the University of Connecticut, where he was a four-year member of the men's ice hockey team. McDougall has worked with the Massachusetts Player Development Camp handling 13-15 year olds and the Connecticut Hockey Experience with 13-18 year-old players.

Steve Bergin previously coached the NHL Washington Capital affiliate, South Carolina Stingrays. He was the ECHL coach of the year for the 2019-20 season, and the winning coach in the ECHL's All-Star game. Bergin, played hockey for the University of Connecticut from 2007 to 2011 and was team captain during his senior year. He went on to play minor league hockey for five years.

Wonderland of Ice PIONEER HOCKEY SCHOOL SUMMER 2021
Hockey Skills Clinic

NAME _____

ADDRESS _____

PHONE _____

DATE OF BIRTH _____

EMERGENCY
NAME & PHONE _____

EMAIL ADDRESS _____

PARENT'S NAMES _____

TOTAL COST \$399

*ALL ACCOUNTS MUST BE PAID IN FULL WITH APPLICATION

PLEASE MAKE CHECK PAYABLE TO: WONDERLAND OF ICE

Mail to:

Pioneer Hockey School
43 Woodside Drive
Orange, CT 06477

RELEASE MUST BE SIGNED, OVER PLEASE →

WONDERLAND OF ICE HOCKEY SCHOOL
PIONEER HOCKEY SCHOOL Skating Clinics 2021
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 Hockey 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 and Carl Marottolo, Scott McDougall and Steve Bergin, or their 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 clinic activities, inside or outside of the Wonderland of Ice facility.

I understand that ice skating and ice hockey are hazardous recreational activities 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 also grant permission for the Wonderland of Ice to use images of my child in standard marketing and promotional materials.

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 AND ACCEPT THE INHERENT RISKS OF PARTICIPATING IN A SPORTING ACTIVITY IN A PUBLIC FACILITY.

Signature of Parent _____

Print Name and Date _____