



123 Glenwood Avenue Bridgeport, CT

203-576-8118

www.Wonderlandofice.com

**Official Practice Facility of the
Bridgeport Islanders**



Summer '22 MICRO HOCKEY

MICRO-HOCKEY IS A PROGRAM DESIGNED FOR BOYS & GIRLS, AGES FOUR AND UP ,
WHO HAVE NOT YET PLAYED ORGANIZED TEAM HOCKEY.
ONLY BASIC SKATING SKILLS ARE NECESSARY. REQUIRED EQUIPMENT IS A HELMET,
SHOULDER AND ELBOW PADS, SHIN GUARDS, MOUTHGARD AND AN ICE HOCKEY STICK.
ALL PLAYERS WILL RECEIVE EQUAL ICE TIME.



Under the direction of **LIAM FERGUSON**, Connecticut College,
BCHL and Brunswick School Varsity Hockey Alumnus

SUNDAY AFTERNOONS

Schedule: 12:30-1:30PM

INSTRUCTION & SCRIMMAGES

Includes
FREE
Wonderland Wizards
T-Shirt!

NINE SESSIONS

June 19, 26

July 3, 10, 17, 24, 31 August 7, 14*

*Extended Session Includes Family Skate and Pizza Party from 2:00 – 4:00PM

FALL MICRO BEGINS ON OCTOBER 2, 2022

\$249 Includes Team Jersey

SPACE IS LIMITED

FOR MORE INFORMATION OR RESERVATIONS:

Lafwonder@aol.com or Sean at (203)799-7200

Wonderland of Ice **SUMMER MICRO 2022**

NAME

ADDRESS

PHONE

DATE OF BIRTH

**EMERGENCY
NAME & PHONE**

EMAIL ADDRESS

PARENT'S NAMES

TOTAL COST \$249

***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

MICRO HOCKEY

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 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 and ice hockey are hazardous recreational activities and active sports with significant risks of injury. As such, I freely agree to assume and accept any and all risks 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 further agree to release both the operator and all those associated with the facility from any and all liability for any loss, damage, and/or injury that I may suffer while skating from any cause whatsoever, including NEGLIGENCE.

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 following enrollment until personally revoked in writing by the undersigned. I grant permission to use photographs, videos and / or images of myself and / or my child in advertising and promotional materials for the Wonderland Skating School and / or the Wonderland of Ice.

**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 _____