



123 Glenwood Avenue, Bridgeport
CT
203-258-6462
www.Wonderlandofice.com

Keepin' it Cool Summer Camp Summer 2024

The Wonderland Skating School's "Keepin' it Cool" summer camp is an excellent way for kids to cool off while brushing up on their skating skills this summer!

Accepting skaters ages 3+ at all skill levels, skaters will have the opportunity to learn new skills and beat the heat of summer. Campers will have the opportunity to learn the basics of hockey and figure skating while playing games and doing fun sports based activities! Campers will also receive a structured warm up before skating, snacks provided daily, and off ice crafts & activities!

Special guest appearances from Sacred Heart University Figure Skating Team Head Coach Lisa Fedick and her team of skaters!



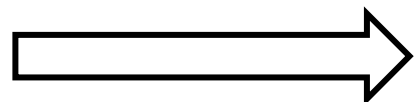
All Classes Offered Wednesday - Friday: 9:00 to 12:15PM

Semester One: June 25, 26, 27

Semester Two: July 23, 24, 25

Semester Three: August 13, 14, 15

OVER PLEASE



Tuition for All Classes unless noted:
\$159 for One Semester* or
\$399 for All Three Semesters*
One Day Walk- On: \$75 per day*
***Tuition includes Skater Membership
with the Ice Sports Industry**



Wonderland Skating School Policies

- ✓ All sessions include 90 minutes of skating time and 60 minutes of off ice activities.
- ✓ All forms of payment are accepted.
- ✓ Reservations encouraged, walk-ins will be accepted, space permitting
- ✓ Use of rental skates is included in all programs.
- ✓ Daily snack provided, or campers may bring their own.
- ✓ Helmets and gloves or mittens are strongly encouraged for all beginners and skaters age 6 and under.
- ✓ Skater membership is included in the tuition. There are no additional membership fees.

Questions and Reservations Please Contact:

Marisa Panuczak, Skating Director

wonderlandskating@gmail.com (203) 258-6462

or John Ferguson, General Manager (203) 727 - 7973

WOI Keepin' it Cool Summer Camp Application 2024

SKATER'S NAME _____ WOI PIN LEVEL _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____

FOOD ALLERGY? Y OR N _____ TYPE _____ EPIPEN? Y OR N _____

EMERGENCY (Name/Phone) _____

PARENTS NAMES _____

EMAIL ADDRESS (Print clearly) _____

SEMESTER DESIRED (Please circle)

June Semester

July Semester

August Semester

START DATE _____

1 SEMESTER PROGRAM _____ \$159

3 SEMESTER PROGRAM _____ \$399

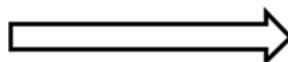
1 DAY FAST PASS WALK ON _____ \$75

Check # _____ CC _____ TOTAL \$ _____

PLEASE MAKE CHECKS PAYABLE TO :

WONDERLAND OF ICE
123 GLENWOOD AVENUE BRIDGEPORT, CT 06110

RELEASE MUST BE SIGNED - OVER PLEASE



**WONDERLAND SKATING SCHOOL
PARTICIPANT WAIVER
-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in the **Learn to Skate** program, related events and activities of **the Wonderland Skating 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) _____