



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

Spring 2015 House Hockey League

League Director: Michael Ferguson

**MITES, SQUIRTS
PEE WEES and BANTAMS**

TEN GAME SEASON MARCH 21st – JUNE 21st
ALL GAMES SATURDAYS & SUNDAYS

**TEN GAMES + PLAY-OFFS
THREE PRACTICES**

LEAGUE FEE INCLUDES GAME JERSEY

\$295 PER PLAYER

\$295 NON-REFUNDABLE DEPOSIT IS REQUIRED
\$35 LATE FEE, APPLICATIONS RECEIVED AFTER THE DRAFT

**ALL PLAYERS WILL BE PLACED ON TEAMS THROUGH
AN ENTRY DRAFT. DRAFT DATES AND TIMES ARE
LISTED ON BACK →**

FOR MORE INFORMATION CALL 203-338-0202 or 203-799-7200

SPRING 2015 DRAFT DATES

MITES: SATURDAY MARCH 21st: 4:45 - 5:45PM

SQUIRTS: SATURDAY MARCH 21st: 6:00 – 7:00PM

PEE WEES + BANTAMS:

SATURDAY MARCH 21st: 7:15 – 8:15PM

**ALL PLAYERS ARE EXPECTED
TO PLAY AT THEIR
2015-2016 SEASON LEVEL**

Spring Hockey Director: Michael Ferguson

*All applications must be received prior to the start of
the appropriate draft to avoid the late fee.*

**FOR MORE INFORMATION CALL
203-338-0202 or 203-799-7200**

Wonderland of Ice HOUSE SPRING HOCKEY '15

PLAYER'S NAME

ADDRESS

PARENT'S NAMES

PHONE

DATE OF BIRTH

EMERGENCY
NAME & PHONE

EMAIL ADDRESS

2015-2016 SEASON LEVEL

CIRCLE SPRING LEAGUE LEVEL DESIRED:

MITE SQUIRT PEE WEE BANTAM

TOTAL DEPOSIT AMOUNT \$295

After March 22, 2014 \$330

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

WONDERLAND HOCKEY SCHOOL

123 GLENWOOD AVENUE

BRIDGEPORT, CT 06610

(203) 338-0202 or (203) 799-7200

RELEASE MUST BE SIGNED, OVER PLEASE →

WONDERLAND OF ICE 2015 HOUSE LEAGUE SPRING HOCKEY
RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, wish to skate on or have my child,

_____ skate on ice made available for purchase by the Wonderland of Ice Associates, Incorporated. 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 activities.

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 and/or ice hockey, both on and off the ice surface(s).

I, the undersigned 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 should he/she be 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 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 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.

Signature of Participant or Parent / Guardian _____

Print Name and Date _____