

Wonderland
of
Ice



HOCKEY SKILLS MADE

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

Presented By:

MARK MONGILLO

Hockey Coach with 25 Years of Experience Teaching Young Players
What the Game of Ice Hockey is Really All About!

ALL AGE & SKILL LEVELS ARE WELCOME



WE WILL IMPROVE YOUR:

*STICK HANDLING

*SHOOTING

*PASSING

*POWER SKATING: Speed, Transitions & Backward

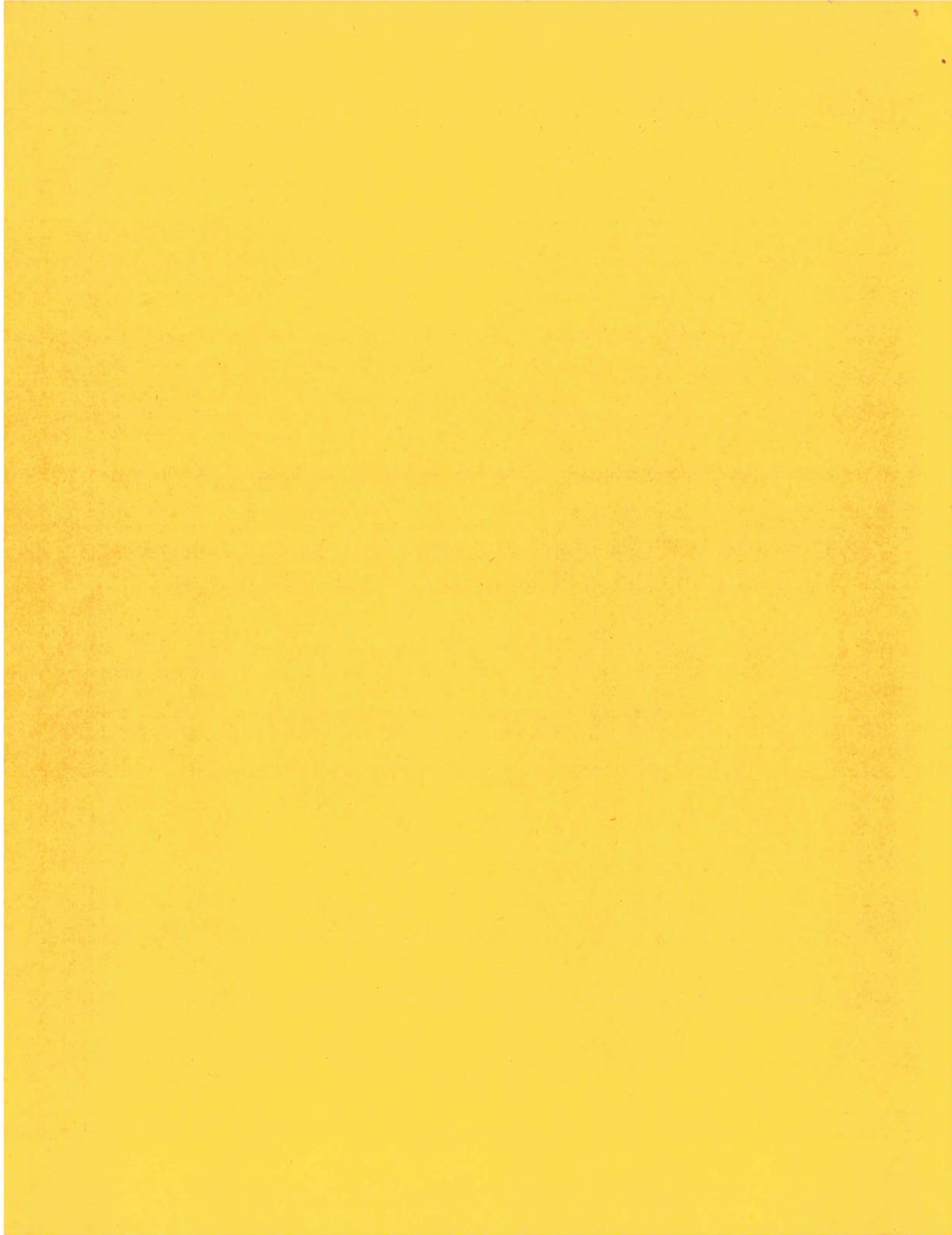
April 10th through June 19th, 2015 *11 Weeks!*

Fridays: 6:30 to 8:00PM

\$199

SPACE IS LIMITED

FOR MORE INFORMATION CALL (203)799-7200



Wonderland of Ice Mark Mongillo SPRING 2015
Hockey Skills Clinic

NAME

ADDRESS

PHONE

DATE OF BIRTH

**EMERGENCY
NAME & PHONE**

EMAIL ADDRESS

PARENT'S NAMES

TOTAL COST \$199

***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
MARK MONGILLO CAMPS

**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 and Greg
Mondo. 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 Greg Mondo
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 camp
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 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 Parent _____

Print Name and Date _____