

**Eddy Lemaire
Premier
Hockey School**

NAME

ADDRESS

PHONE

DATE F BIRTH

EMERGENCY

NAME & PHONE

EMAIL ADDRESS

PARENT'S NAMES

TOTAL COST \$295

***ALL ACCOUNTS MUST BE PAID IN FULL WITH APPLICATION**

PLEASE MAKE CHECK PAYABLE AND MAIL TO:

**Eddy Lemaire
123 GLENWOOD AVENUE
BRIDGEPORT, CT 06610
(203) 804 - 5727**

RELEASE MUST BE SIGNED, OVER PLEASE -->

WONDERLAND OF ICE HOCKEY SCHOOL

3 on 3 HOCKEY Summer 2010

**RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL
TREATMENT OR MINORS TEMPORARILY SEPARATED FROM PARENTS OR
GUARDIANS**

_____, 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 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 _____