



www.thepondicearena.com

101 JOHN F. CAMPBELL DRIVE NEWARK, DE 19711 302-266-0777

2012 Learn to Skate - Summer Camp

Looking to keep your child occupied in the summer while sky-rocketing their skating skills to the next level? Our Learn to Skate program will keep them busy and active all day long for a great price! Forget day-care and their high costs. For \$599 for the "entire" summer your child will train with us Monday-Friday from 8a-3pm, for 9 weeks! Training will include On-Ice practice and Power Skating, off ice dance, workouts and outdoor games. Our goal is 3-fold: Fun, great daily exercise, improved skating skills.

\$160 per week or \$599 for entire Summer

(9 weeks between)

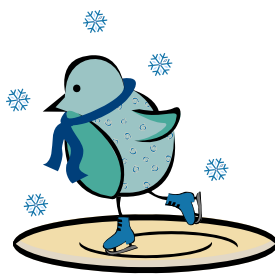
June 11th-Aug17th



AFTER CARE is available for an additional \$75/week or \$20/day. NO PRORATING AVAILABLE

Themed weeks

- June 11-15 Rock-n-Roll Week
- June 18-22 Jungle Week
- June 25-29 Western Week
- July 02-06 NO CAMP*
- July 09-13 Around the World
- July 16-19 Hawaiian Week*
*NO CAMP Friday, July 20, 2012
- July 23-27 Sea Adventure Week
- July 30-Aug03 Space Week
- August 06-10 Winter Wonderland
- August 13-17 Character Week
- Summer Membership (\$599)



- 7:30-8:30am - Before Care Camp
- 8:30-9:00am - Warm up
- 9:00-9:15am - Skates on
- 9:15-9:45am - On Ice Stroking & Skills
- 9:45-10:00am - Snack Break (camper brings snack)
- 10:00-10:45am - Practice for Parent Show
- 10:45-11:00am - Skates Off
- 11:00-11:30am - Outside - Parachutes, Floor Hockey, Games
- 11:30-12:30pm - Lunch/Movie (pre-orders avail from Sonia Café)
- 12:30-1:00pm - Arts & Crafts
- 1:00-1:40pm - Work Out/Fitness Class (Ballet optional)
- 1:45-2:00pm - Skates On
- 2:00-3:00pm - Skills/Programs on Ice (Tue/Thu 2:20-3:15)
- 3:00-3:15pm - Parachute Power Class on Ice
- 3:15-5:00pm - Skates Off & After Care
- 2:00-3:10pm - Fridays: Parent Show!

PLEASE CIRCLE WEEKS WHERE LATE PICK-UP IS NEEDED

Last Name: _____ First Name: _____

Birthdate: _____ E-mail: _____ Phone #: _____

Address: _____ City: _____

State: _____ Zip: _____ Skater's Level: _____

MasterCard or Visa #: _____ Exp Date: _____ 3 digit code _____

Name on Card: _____ Signature: _____

Waiver: In consideration of using The Pond Ice Arena and understanding that there are inherent risks in connection with this activity; I hereby assume these risks for myself and/or individual(s) under my responsibility. I waive any possible claim that may arise against BSBB Ice LLC, The Pond Inc. and its employees for any damages or injuries sustained in the course of the activity and I agree to indemnify and save harmless and not to assert a claim against or sue BSBB Ice LLC, The Pond Inc., and its employees for any such damages or injuries or any and all other claims which may arise in connection with my (our) use of the facilities, or travel to and from these facilities.

For more information, please contact the Learn To Skate Director Suzy Semanick-Schurman

101 John F. Campbell Drive
Newark, Delaware 19711
(302) 266-0777 Ext. 12 (Fax) 266-7793

THE POND, INC.
EMERGENCY TREATMENT RELEASE FORM

I, _____, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment*, which in his or her judgment may be deemed necessary in the care of: ("Skater" and/or parents are responsible for any and all medical expenses incurred.)

Skater's Name _____ SS# _____ Date of Birth _____

Parent or Guardian Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Person _____ Relationship _____

Emergency Phone _____

Physician Name _____ Physician Phone _____

Allergies _____

Medicines currently taking _____

Outstanding medical history _____

Insurance Company _____

Policy number and name of subscriber _____

I, hereby, attest that to the best of my knowledge, the information I have provided on this is true, correct and complete.

Skaters Signature: _____ Date: _____

Parent's Signature: (Skater under 18) _____ Date: _____