

2011



Learn to Skate Summer Camp



July 11-15



Weekly Package included in Registration fee:
 Skating Classes, Ice time, Ballet/Workout class, make-up or photos
 Crafts, and Friday skating Exhibition & Pizza Party.
 10% discount for second family member.

8:00 - 8:30 am
 8:30 - 9:15 am
 9:15 - 10:50 am
 11:00 - 11:50 am

12:00 - 12:45 pm
 12:50 - 1:25 pm
 1:30 - 3:00 pm
 1:15 - 1:55 pm
 2:10 - 3:00 pm
 2:45 - 3:00 pm
 3:00 - 5:00 pm

Registration / Drop Off
 Warm Ups /Skate On
 Skating Classes
 Ballet Workout, Photos, or Make-up
 Lunch
 Crafts
 Skating Classes (M,W,F)
 Off-ice activities (T, Th)
 Skating Classes (T, Th)
 Pick-up or...
 Extended Care / Pick-up

AFTER CARE is available for an additional \$100 per week. NO PRORATING AVAILABLE

Last Name: _____ **First Name:** _____

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

Address: _____ **City:** _____

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

Credit Card #: _____ **Exp Date:** _____

Name on Card: _____ **Signature:** _____

Please make checks payable to **THE POND, INC.** All returned checks are subject to a \$35.00 return check fee.
NO REFUNDS WILL BE GIVEN - All registrations are final

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.

Parent Signature: _____

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
 e-mail lts@thepondicearena.com www.thepondicearena.com

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: _____