

# 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 inherit 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 Lean To Skate Director Heather Nichols**  
 101 John F. Campbell Drive  
 Newark, Delaware 19711  
 (302) 266-0777 Ext. 12 (Fax) 266-7793  
 e-mail [Its@thepondicearena.com](mailto:Its@thepondicearena.com) [www.thepondicearena.com](http://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: \_\_\_\_\_

Witness my hand and seal to this above signature this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_