

# 2011



# "Be A Super Hero"

## Learn to Play Hockey

### Summer Camp



**\$185**

**June 20-24**  
**8:00am-2:00pm**  
**Boys 4-10 yrs**

Weekly Package included in  
Registration fee: Skating  
Classes, Off-Ice Training,  
Crafts, and Friday skating exhibi-  
tion. 10% discount for second  
family member.

8:00am-8:30am	Intro to Off-Ice Training
8:55am-9:35am	Ice Session
9:45am-10:15am	Off Ice Conditioning
10:25am-11:05am	Ice Session
11:15am-12:00pm	Lunch
12:00pm-12:30pm	Pick Up

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Skater's Level: \_\_\_\_\_

MasterCard or Visa #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make checks payable to **THE POND, INC.** All returned checks are subject to a \$30.00 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 Hockey Director: Mark Cardillo**  
101 John F. Campbell Drive  
Newark, Delaware 19711  
(302) 266-0777 Ext. 12 (Fax) 266-7793  
e-mail [hockey@thepondicearena.com](mailto:hockey@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: \_\_\_\_\_