



# **MACH 1 ONE**

## **MITE CAMP**

August 8-12, 2011



### Monday-Friday

8:00am-9:00am	off ice
9:25am-10:50pm	on ice
11:00pm-12:15pm	lunch
12:15pm-1:15pm	off ice hockey
1:50pm-2:50pm	on-ice Friday=GAME
3:30pm	parent pick-up



**\$250.00 Per Player**

Lunches available to purchase at The Pond Café.

(Please fill out a camp menu and drop off to Café 1 week prior to camp)

Friday includes a Pizza Party for all campers.

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

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

Emergency Contact Person: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.  
All refunds are "Limited" to Proof of Medical Injury/Illness, refunds include a \$35.00 non-refundable Registration Fee.

**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 Hockey Director **Mark Cardillo**

101 John F. Campbell Drive

Newark, Delaware 19711

(302) 266-0777 Ext. 10 (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: \_\_\_\_\_