



# FUNDAMENTALS of ICE Hockey

This program is designed for the youngest of “want to be ice hockey players” to step on the ice and experience a bit of ice hockey with other children in the Learn to Skate Program. This will encourage them to want to participate and have FUN learning about hockey in our Hockey 1,2,3,4 classes to get them up to Hockey 101, and into the Pond Penguins Ice Hockey Program. **Must be enrolled on Hockey 1,2,3,4 to participate in Fundamentals.**

## SERIES SUMMER

This program runs Mondays 7:00-7:30p on LTS ice

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Monday, July 10, 2017 \$8 | <input type="checkbox"/> Monday, July 31, 2017 \$8   | <input type="checkbox"/> Monday, August 21, 2017 \$8 |
| <input type="checkbox"/> Monday, July 17, 2017 \$8 | <input type="checkbox"/> Monday, August 07, 2017 \$8 | <input type="checkbox"/> Monday, August 28, 2017 \$8 |
| <input type="checkbox"/> Monday, July 24, 2017 \$8 | <input type="checkbox"/> Monday, August 14, 2017 \$8 |  |

# □ \$56 for all 8

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

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

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

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

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

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

**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 CCB Land Investments 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 CCB Land Investments 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.

**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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please contact the Learn To Skate Directors Kyra Ribansky and Michelle Gross-Daichman

101 John F. Campbell Drive, Newark, Delaware 19711

(302) 266-0777 Ext. 12 (Fax) 266-7793

e-mail [LTS@thepondicearena.com](mailto:LTS@thepondicearena.com) [www.thepondicearena.com](http://www.thepondicearena.com)

**THE POND**  
**FUNDAMENTALS of ICE HOCKEY**  
**PARTICIPANT WAIVER**

**-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in the Learn to Skate program, related events and activities of The Pond, I \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that::

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the Learn to Skate program. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation in the Learn to Skate program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Pond, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_ Date Signed: \_\_\_\_\_ Age: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(UNDER AGE 18 AT TIME OF REGISTRATION)