



ICE ARENA & PERFORMANCE CENTER

www.thepondicearena.com

101 JOHN F. CAMPBELL DRIVE NEWARK, DE 19711 302-266-0777

COOLEST PLACE IN TOWN 2018 - SUMMER SKATING SCHOOL

Summer Skating School Includes:

Two Off Ice Fitness & Stretching Sessions per Day
 On Ice Instruction with your group and level
 Arts and Crafts, games and team building activities
 Movie Time (rain days or excessively hot days)
 Themed Weeks fun for dress up
 Power Class on & off the ice
 Please join us each Friday for our weekly exhibitions
 Experienced Camp Counselors to supervise, assist and tie skates
 National, World and Olympic Coaches on Staff
 2+ hours of ice time daily
 Before/After Care available for additional fee
 Weekly sign ups and per week fee \$269
 Friendships for a life time
NO Sibling Discounts. Ages 6-14
 Half-day and lunch options available
 Skate Rental included if necessary

Skater's Typical Day

Skaters' day will begin at 8:00 a.m Each day will consist of on ice and off ice instruction, as well as creative recreational activities. Every week has a different theme, which will shape our arts and crafts projects and skating music for out Friday exhibition!

AFTER CARE:

is available for an additional \$85/week or \$25/day covers both morning and afternoon or
 Mornings \$9 day from 7:00-8:00
 Afternoons from 3:00-6:00p \$25/day
 All before and after care must be paid in FULL in the morning of each day or the week before needing weekly after care

NO PRORATING AVAILABLE

Staff is 1st aid/cpr certified.
 Children are grouped by skill and age.
 All staff over 18 are always background checked

\$859

For 9 Weeks

or \$269 per week

\$55 daily rate

\$35 1/2 day 8-noon

\$35 1/2 day 11:00-3

Register by 4/16/18 6:00pm
 Summer Membership is \$959 after 4/16/2018



Themed weeks

- June 11-15 Fun in the SUN
- June 18-22 Big League Sports
- June 25-29 Pirates
- July 02-06 **NO CAMP**
- July 09-13 Spy
- July 16-19 Halloween
- NO CAMP Friday, July 20, 2018**
- July 23-27 Wild West/Country
- July 30-Aug03 Rock n' Roll
- August 6-10 Disney
- August 13-17 Superhero

- Summer Membership (\$859)
- > \$959 after 4/16/2018

- Daily Rate \$55 place dates below
M ___ T ___ W ___ TH ___ FR ___

- 1/2 Day Rates \$35 a.m. 8a-12p
M ___ T ___ W ___ TH ___ FR ___

- 1/2 Day Rates \$35 p.m. 11a-3p
M ___ T ___ W ___ TH ___ FR ___

- Ballet (1 time per week \$7 per class)
- Ballet (2 times per week \$7 per class)

Last Name: _____ First Name: _____

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

Address: _____ City: _____ Cell#: _____

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

Credit Card #: _____ Exp Date: _____ 3 digit code _____

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, even if your child is expelled for behavioral issues

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 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.

For more information, please contact the Learn To Skate Director Michelle Gross-Daichman

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 _____ 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: _____

Copies of Driver's License required for all parent/guardian's picking up your child.

After Care must be paid for on Friday's for the following week for proper staffing.

Cashier's please tape copies of driver's licenses here: