

SUMMER 2017 SKATING CAMP



**2017 SUMMER
SKATING CAMP**



August 21-25
9:30AM-4:00PM
Ages 5-12

www.bucksice.com

1185 York Road
Warminster, PA 18974
215.675.3000

ABOUT CAMP

Welcome to Bucks Ice & Wintersport's 2017 Summer Skating Camp! The camp is designed to teach your child how to skate or to increase your child's basic skating skills. Campers will be separated according to their ability and interests, which include recreational skating, figure skating or hockey skating. Campers will have four hours of ice time including at least 30 minutes of instruction every day.

The ice skating classes will be taught by professional ice skating instructors. Melissa Beck, Bucks Ice and Wintersport's Skating Director will be running the camp for its 11th year. Melissa has over 20 years of teaching experience.

All campers should bring a helmet, gloves, lunch, water bottles, snacks and skates. Skate rental is included for campers who need to rent skates. Lunch is not included.

On Friday, August 25th the children will show off what they learned at camp all week at 3:30PM with a performance.

Please contact Melissa Beck: mbeck@wintersportsice.com

215-675-3000 with any questions.

Camp will take place at Bucks County Ice Sports Center in Warminster!

SCHEDULE

9:30AM- Drop off
 9:45-11:45AM- On ice- lessons and practice
 11:45AM-1:30PM- Lunch, Games, Arts & Crafts and Stretching
 1:45-3:45PM- On ice- lessons, games and free skate
 4:00PM- Pick up
 *Schedule is subject to change



FEES

\$225

Extended hours will be 8:30AM-5:00PM and is an additional \$20 per child for the week.

Friday, August 25th pick up will be after the performance.

\$10 Discount for 2nd sibling.

APPLICATION

Admin Use Only

2017 Summer Camp

Amt Paid:

Date Paid:

Initials:

Name: _____

ONE person per application

Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Phone: _____

E-Mail _____

Emergency Contact & Number _____

Allergies _____

Parent/Guardian: _____

IN CONSIDERATION OF THE STUDENT AND HIS/HER PARENT BEING PERMITTED TO REGISTER THE PARTICIPANT IN THIS PROGRAM WE DO HEREBY FOREVER RELEASE AND DISCHARGE BUCKS COUNTY ICE SPORTS CENTER, WINTERSPORT, ITS OFFICERS, AGENTS, EMPLOYEES, AND ANY PERSON OR CORPORATION CONNECTED HERewith FROM ALL MANNER OF ACTION INJURY DAMAGES, COSTS, CLAIMS OR DEMANDS WHICH WE SHALL OR MAY HEREAFTER HAVE SUFFER OR RECEIVE BY REASON OF SUCH PARTICIPATION IN THIS PROGRAM. RELEASE SHALL BE BINDING ON OUR HEIRS, ASSIGNS, EXECUTORS AND ADMINISTRATORS. NO REFUNDS.

CONSENT SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

AUGUST 21-25 CAMP- \$225

EXTENDED HOURS- \$20

PAYMENT INFORMATION

If paying with a credit card by mail, please also fill in the following information: Circle one: VISA MC AMEX

Card# _____

Exp Date _____ Security Code _____