

Carolina IceZone Summer Skills Camp - Camper Information and Health Form

Child

First _____ Last _____ Gender: _____

School Name _____ Grade _____ Birth date ____/____/____ Age: _____

Street Address _____

Town/City _____ State _____ Zip code _____ Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____ Town/City _____ State _____ Zip Code _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Street Address _____ Town/City _____ State _____ Zip Code _____

Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release:

First Name _____ Last Name _____

Phone _____ Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

	<u>Weekly:</u>	<u>Daily (if space allows):</u>	<u>AM Only:</u>	<u>Deposit:</u>	<u>Balance:</u>
June 17-21	_____	M T W Th F	_____	_____	_____
June 24-28	_____	M T W Th F	_____	_____	_____
July 15-19	_____	M T W Th F	_____	_____	_____
July 29-Aug. 2	_____	M T W Th F	_____	_____	_____
August 12-16	_____	M T W Th F	_____	_____	_____

Please circle track: Learn to Skate Learn to Play Figure Skating Hockey Skills

Please circle how you heard about the Carolina IceZone Camps:

E-mail Website School _____ Word of Mouth Flyer Other _____

Medical Release Information

Insurance Information:

Policy Number _____ Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems we should be aware of, including any medication:

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Carolina IceZone will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during IceZone Camps. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, social media and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Carolina IceZone.

Parent's/Guardian's Initials _____

Liability

The Carolina IceZone, it's management, and staff are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I hereby waive, release, and agree to hold harmless Arctica Skating, LLC, DBA The Carolina IceZone, it's officers, management and employees in any injury to myself whether the result of negligence or for any other cause. I agree that skating and camp activities can be dangerous and can cause injury, whether intentional or unintentional. I agree not to hold The Carolina IceZone, its officials, or any other participants liable.

Printed Name of Parent/Guardian: _____

Guardian Signature: _____ Date: _____