

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 _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

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>
May 26-29	_____	T W Th F	_____	_____	_____
June 1-5	_____	M T W Th F	_____	_____	_____
June 8-12	_____	M T W Th F	_____	_____	_____
June 15-19	_____	M T W Th F	_____	_____	_____
June 22-26	_____	M T W Th F	_____	_____	_____
June 29-July 3	_____	M T W Th F	_____	_____	_____
July 13-17	_____	M T W Th F	_____	_____	_____
July 20-24	_____	M T W Th F	_____	_____	_____
July 27-31	_____	M T W Th F	_____	_____	_____
August 3-7	_____	M T W Th F	_____	_____	_____
August 10-14	_____	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 _____

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, and illnesses may spread during camps, whether intentional or unintentional. I agree not to hold The Carolina IceZone, its officials, or any other participants liable for any injuries received or illnesses contracted during camp.

Disciplinary Policy

All campers are expected to treat other campers, coaches, and counselors with respect at all times and are expected to follow the camp rules. I understand fully that campers may receive warnings, but at the discretion of any camp counselor, coach, or rink management, if the actions of any camper become dangerous to themselves or others, disruptive to the camp, or disturbing to any other camper or staff, expulsion from the camp is warranted without warning. In cases where a camper is expelled from the camp for the day or for the remainder of a week of camp, parent/guardian assumes full responsibility and expenses for retrieving their camper and understands that no refund of paid camp fees will be given for expelled campers.

Parent's/Guardian's Initials _____

Printed Name of Parent/Guardian: _____

Guardian Signature: _____ Date: _____