**SKATE CAMP REGISTRATION FORM**

**SKATE FACTORY**

**485 27TH AVE SW VERO BEACH, FL, 32968**

**(772) 794-3373**

**PLEASE PRINT CLEARLY $20 ANNUAL**

**ONE REGISTRATION PER CHILD**  **REGISTRATION FEE**

**AGES 6 – 12 WITH VERIFICATION PER CAMPER**

Camper’s Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_Gender: M or F (circle) Age (current month and year): \_\_\_\_\_Grade:\_\_\_\_\_

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

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

**Please List Any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies/Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Fill Out ALL Contact Information Below:**

|  |  |
| --- | --- |
| 1st Contact (circle one) Mom  Dad  Guardian  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell/Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2nd Contact (circle one) Mom  Dad  Guardian  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell/Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Additional Camper Contacts:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First and Last Name:** | **Phone Number:** | **Relationship:** | **Allowed to Pick up:** | **Emergency Contact:** |
|  |  |  | YES OR NO | YES OR NO |
|  |  |  | YES OR NO | YES OR NO |

**Please Circle all Weeks for your child(ren) will be attending:**

|  |  |
| --- | --- |
| **Week 1** | **June 1 – June 2** |
| **Week 2** | **June 5 – June 9** |
| **Week 3** | **June 12 – June 16** |
| **Week 4** | **June 19 – June 23** |
| **Week 5** | **June 26 – June 30** |
| **Week 6** | **July 3 – July 7 (No Camp July 4th)** |
| **Week 7** | **July 10 – 14** |
| **Week 8** | **July 17 – July 21** |
| **Week 9** | **July 24 - July 28** |
| **Week 10** | **July 31 – August 4** |
| **Week 11** | **August 7 – 9 (Wednesday Aug 9th Last Day)** |

|  |
| --- |
| **AGREEMENT AND RELEASE OF LIABILITY STATEMENT**  I hereby state my child is physically and mentally capable of safe participation in the Skate Factory Skate Camp Program. I assume all risks and hazards incidental to the conduct of this program. My child may be transported to and from all field trips in the skate factory bus, if any.  I authorize Skate Factory to obtain medical treatment for my child in the event the parent(s), guardian or emergency contact cannot be reached.  I give permission for my child to listed above to be photographed or videotaped while at Skate Factory. I understand the staff will use discretion and judgement in allowing any photographs or videos to be taken and that images of my child may appear in or on Skate Factory of Vero’s flyers, advertisements, or website. I hereby consent to such uses.  In addition, you consent to any admission requirements that we may require, including health questions, taking your temperature, or dress code.  I have read and am voluntarily signing this authorization and release  **PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_/\_\_/\_\_** |

