**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 (for the current month and year): \_\_\_\_\_Grade:\_\_\_\_\_

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

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

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

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

|  |  |
| --- | --- |
| 1st Contact : MOM  OR GUARDIAN  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell/Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2nd Contact : DAD OR 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 |

*Please Circle the Weeks Your Camper Will Be Attending:*

|  |  |
| --- | --- |
| Week 1: June 3rd – June 7th | Week 2: June 10th – June 14th |
| Week 3: June 17th – June 21st | Week 4: June 24th – June 28th |
| Week 5: July 1st – 3rd & July 5th | Week 6: July 8th – July 12th |
| Week 7: July 15th – July 19th | Week 8: July 22nd – July 26th |
| Week 9: July 29th – August 2nd | Week 10: August 5th – August 9th |

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| **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.  In addition, you consent to any admission requirements that we may require, including health questions, taking your temperature, or dress code.  I understand my child may be photographed or videoed while participating in camp activities for marketing or social media use.  I have read and am voluntarily signing this authorization and release  **PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_/\_\_/\_\_** |

