**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 Days Your Camper Will Be Attending:*

|  |  |  |
| --- | --- | --- |
| Monday March 17th | Tuesday March 18th | Wednesday March 19th |
| Thursday March 20th | Friday March 21st |  |

|  |
| --- |
| **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:\_\_/\_\_/\_\_** |

