

# SKATE CAMP REGISTRATION FORM

SKATE FACTORY

485 27TH AVE SW VERO BEACH, FL, 32968

(772) 794-3373

**PLEASE PRINT CLEARLY  
ONE REGISTRATION PER CHILD**

Camper's Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: M or F (circle) Age (as of Sept. 1, 2020): \_\_\_\_\_ Grade (Fall 2020): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 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: _____
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### 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

### 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.

We are not insurers of your safety during the COVID-19 pandemic. While we are glad you have chosen to come to our facility, you do understand and agree that roller skating and the other activities offered in our facility are communal and/or social activities.

When you enter our facility, you acknowledge and understand that you could come into contact with another person who may be ill and contagious, and may be unaware of his or her condition. You may be exposed to the virus that causes COVID-19 which increases the risk of serious illness or injury, permanent disability and/or death to the participant.

By entering our facility, you agree to waive any claim or cause any action against us arising out of COVID-19, including any claim of our own negligence.

In addition, you consent to any admission requirements that we may require, including health questions and taking your temperature.

I have read and am voluntarily signing this authorization and release.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_