

Learn to Skate Summer Skating Camp 2010 Registration Form (Payment: CASH CHECK CREDIT)

Have you taken lessons? Yes or No If so, what level? _____

Make checks payable to Gardens Sports Limited

Camp Hours 9:00am-4:00pm \$250/week July 26-30 _____

August 16-20 _____

Camper's Last Name First Name Middle Name

Extended care 8:30am-9:00am \$25/week July 26-30 _____

August 16-20 _____

Male/Female DOB Age Grade

4:00pm-5:30pm \$30/week July 26-30 _____

August 16-20 _____

Total \$ _____

Street Address City State Zip

Name of Parent/Guardian Relationship to Child Home Phone Work Phone Cell Phone/Pager

1. _____
2. _____
3. _____
4. _____

E-Mail Address _____ Name of MD school child attended 09-2010 school year _____

Emergency Contacts List at least two additional adults who are aware that their names are being furnished to The Gardens Ice House, have permission to pick up your child; and should only be contacted in the event of an emergency if you cannot be contacted.

- | Name | Relationship to Child | Home Phone | Work Phone | Cell Phone/Pager |
|----------|-----------------------|------------|------------|------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

Signing Campers in and Out

For safety purposes children must be accompanied to the camp/extended care and signed in by a parent/guardian or authorized adult. Under no circumstance should a camper be permitted to enter the program alone. When the authorized person arrives to pick up his/her camper he/she must come into the program space and sign out

the camper. Written permission is required before a child may be released to someone other than a parent, guardian or emergency contact .**Parent/Guardian or authorized pick up will be required to show identification every day when picking up**

Learn to Skate Summer Skating Camp 2010 Medical Form

Immunization Records

Preschool aged children and campers not enrolled in the Maryland Public School System for the 2009-2010 school year must submit a copy of their immunization records to the camp office with his/her registration form.

Month/Year of Last Tetanus Shot (DTP):
(required by the state of MD) failure to supply date, will result in return of your registration form.

Health Insurance Company:
ID # _____

Physician's Name

Phone Number

Lunches

Camper(s) should bring a healthy, energizing, non-perishable lunch each day. Keep in mind that camps DO NOT provide refrigeration. We suggest thermal bags, small coolers, or ice packs to help keep lunches cool. Please be sure to label your camper's lunch. **Please note: since many campers have severe peanut allergies we encourage all campers to bring only peanut free products and we do not permit campers to share food.** Campers are encouraged to bring a full water bottle each day, water is available throughout the day for refills or campers who forget their water bottles.

Does Camper have any special and/ or medical conditions? Yes no If yes, please explain

Does camper have any dietary restrictions? Yes No If yes, please explain

Does camper have any allergies? Yes No If yes, please explain

Does camper take medication? Yes No If yes, please list medication(s) below

Medication

1. _____

2. _____

A medication Order form(s) must be completed for each medication the camper will take during the camp session(s) and /or extended care. Please bring completed medication form(s) to the camp on the first day of camp

