

Camp Skateland 2010 Registration Form

(Please fill out one form PER CHILD)

\$150 per child/per week (weeks 1, 2, 3, & 4)

Child's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Week(s) attending: (circle) 1st (6/7-6/11) 2nd (6/14-6/18) 3rd (6/21-6/25) 4th (6/28-7/2)

Please enroll my child in Before Camp Care: Additional \$25 per child per week--doors open at 8:00AM

Please enroll my child in After Camp Care: Additional \$40 per child per week—pick up at 6:00 PM

\$25 non-refundable deposit: (per child/per week) required at time of reservation. All Camp Skateland payments (including processing fees/deposits) are non-refundable and non-transferable.

Payment in full is due no later than June 1, 2010.

Failure to make full payment by due date will result in forfeiture of deposits. We accept VISA, M/C, Discover or Cash. Sorry no checks.

Release/Waiver Form

Name of Parent(s): _____

Home Phone: () _____ Work: () _____ Cell: () _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Dr.'s Name and #: _____ Allergies: _____

Medical information we should be aware of: _____

By allowing my child to participate in roller skating and other activities during Camp Skateland 2010, I expressly resume inherent risks associated with, but not limited to, roller skating, games, contests and arts and crafts which are part of the camp activities. Those risks include (but are not limited to) (1) loss of balance, (2) being bumped or contacted by another skater or participant; (3) other skaters or participants traveling at different speeds; (4) use of craft utensils.

I (we) do fully and forever release United Skates of America, Inc. and any of their successors, agents, affiliates, and all other persons of and from any and all claims, demands, or causes of action, of any kind whatsoever, which may arise as a result of participating in Camp Skateland.

I understand that United Skates of America, Inc. need to contact me for any reason while my child is at Camp Skateland, I can be reached at the numbers given above. If an emergency does arise and I cannot be contacted I give United Skates of America permission to seek appropriate medical attention.

I also understand that a \$25 per child per week non-refundable deposit is required at the time of registration, and final payment in full is due no later than 6/1/10. Failure to make payment will result in the forfeiture of my reservation for Camp Skateland, as well as all processing fees paid to United Skates. I understand I will receive no further notifications of payments due.

I certify that I am the parent/legal guardian of the above named minor, and I have read the entire content and understand and agree with the terms and conditions. I ALSO UNDERSTAND THAT I AM RESPONSIBLE TO MAKE ALL CAMP PAYMENTS, and I should be personally contacted regarding any monetary issues.

Parent/legal guardian

Date

Office Use Only

Amount Paid

Date Paid

Credit Card & Exp.

Balance due

Manager

Final Payment Paid on: _____ Total \$ _____ M/C Visa Discover Cash