

Camper (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

- Camp #1 Jun 24     Camp #2 Jul 8     Camp #3 Jul 22  
Camp #4 Jul 29    Camp #5 Aug 12

## Drop Off, Pick Up Information

Please list ALL additional persons (including spouses) who will be transporting your camper(s). This information is required in case of last minute changes in times/weather alerts/emergencies, etc.

**Person 1:** (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Note \_\_\_\_\_

**Person 2:** (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Note \_\_\_\_\_

**Person 3:** (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Minor \_\_\_\_\_ Note \_\_\_\_\_

One of our Senior Instructors (aged 16 or older) is often able to provide childcare from 4:00pm – 5:30 pm. There is an additional fee that you would pay directly to that person. This is not a Skate Journeys transaction. Arrange this with the counselor on each morning of camp.

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact

Parent/Guardian (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

## Medical Release

I, (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

parent/guardian of (first name) \_\_\_\_\_ (last name) \_\_\_\_\_

Authorize and consent to medical, surgical, hospital care, treatment and procedure to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I authorize a copy of this consent form to be treated with the same authority as the original.

Allergies (food, drug, other): \_\_\_\_\_ Does

your child have any chronic diseases or health problems that may interfere with emergency medical or surgical treatment?  NO  YES If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Regular medications? Please note that we will need a permission slip from your child's doctor for medicines that are to be administered at the class. All medicines must be in their original containers and EpiPens must have the child's name on them.

\_\_\_\_\_  
\_\_\_\_\_

Insurance information - Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Signature of Parent/Guardian:

X \_\_\_\_\_ Date: \_\_\_\_\_