

# Learn to Skate Summer Skating Camp 2009 Registration Form (Payment: CASH CHECK CREDIT)

Make checks payable to Gardens Sports Limited

\$250 per week Camp Hours 9:00am-4:00pm

WEEK 1 June 29- July 3 \_\_\_\_\_

WEEK 2 July 13- July 17 \_\_\_\_\_ Circle one Learn to Skate or Hockey

Extended care 8:30am-9:00am \$25/week Week 1 and/or Week 2

4:00pm-5:30pm \$30/week Week 1 and/or Week 2

\_\_\_\_\_  
Camper's Last Name First Name Middle Name

\_\_\_\_\_  
Male/Female DOB Age Grade

\_\_\_\_\_  
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 08-09 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 2009 Medical Form

## Immunization Records

Preschool aged children and campers not enrolled in the Maryland Public School System for the 2008-2009 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