

Roller Skating Camp Registration 2011

PO Box 746, Washington, NC 27889 252-946-6076

Please check all that apply: Registration and Payment due by date shown below.

June 13th - June 16th Due: **June 6, 2011**

4 days **\$95.00**

August 15th - August 18th Due: **August 8, 2011**

4 days **\$95.00**

Single Day Rate \$30.00 Due: **Day of Camp**

Camp is from 9am-4pm with early drop off at 7:30am and late pickup until 6pm.

Last Name _____ First Name _____

Birth date _____ Age _____ Sex _____ Phone _____

Address _____

Street

City

Zip

School _____ Grade in 2011/12 _____

Child's skating level: Beginner Intermediate Advanced

Roller Skate Size(shoe size): _____

Known medical conditions (allergies or other limitations)

Parent #1 Name _____ Relationship _____

Phone(h) _____ Phone(cell) _____ Phone(w) _____

Email address: _____

Parent #2 Name _____ Relationship _____

Phone(h) _____ Phone(cell) _____ Phone(w) _____

Emergency Contact (other than parent)

Name _____ Phone _____

Authorized persons to pick up your child:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Agreement

_____ I understand that refunds will be granted only if requested one week (7 days) prior to the start
(Initial) of the weekly session.

I/We the parent(s) of the named minor, hereby give my/our approval for his/her participation in the Extreme Action Park Roller Skating Camp program. I/We assume all risks and hazards incidental to such participation. I/We do hereby waive, release, absolve, and agree to hold harmless and indemnify the organizers, sponsors, supervisors, participants, Extreme Action Park and/or its employees for any claim arising out of injury originating from participation in any activity associated directly or indirectly with the program and understand that any medical costs resulting from any such injury will be borne by the undersigned.

I also understand my child's photo may appear in publicity items for Extreme Action Park.

Parent Signature