

THE RINK

CORAL RIDGE

Summer Camp 2022

Camper Information

Camper's Name: _____ Camper's Birthdate: _____
 Camper's Grade in Sept 2022: _____ Camper's School: _____
 Parent/Guardian 1: _____ Parent/Guardian 2: _____
 Phone 1: _____ Phone 2: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 (Primary form of communication, please make legible.)

Authorized Pick-up Person(s)

Person(s) identified below My child can sign out on their own

Please list full name (s) and relationship to camper:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Child's Special Concerns/Needs: _____

Camper's Skating Level

New to Skating Beginner Basic 1-2 Basic 3-4 Basic 5-6 Basic 7-8 Freestyle
 Hockey USFSA test levels passed (if any): _____

CAMP DATES: Circle all you plan to attend - Camps are from 9:00am-4:30pm on the dates below

Dates	
June 6-10	July 6-8 *
June 13-17	July 11-15
June 27-July 1	July 25-29
Aug 1-5	Aug 15-19

Fees per Week
 \$210 per Week
 *July 6-8 is \$125
 \$25 for early drop-off (8-8:45AM) & late pick-up (4:45-5:30PM) / week
 \$40 Field Trip Fee for weeks 2, 5, & 8

Shirt Size: Shirts MUST be worn on all Field Trip Days

Youth: Small Medium Large Adult: Small Medium Large

ASSUMPTION OF RISK: I am aware that ice skating involves certain risks, dangers and hazards which can result in serious personal injury or death. I am also aware that ice skating rinks and arenas contain dangers that can cause serious injury or death. I hereby freely agree to assume and accept all known and unknown risks of injury arising out of ice-skating activities. I recognize and acknowledge that risks of ice skating can be greatly reduced by taking lessons, abiding by the Responsibility Code, and using common sense.

PHOTO RELEASE FOR MINOR CHILDREN (UNDER 18): I, as parent or official guardian of the skater listed above, hereby grant permission to The Rink at Coral Ridge Mall representatives, to make and use photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or websites. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of The Rink at Coral Ridge Mall.

Camp Tuition _____ # of Weeks \$ _____
 Late Pick-Up _____ # of Weeks \$ _____
 Early Drop-Off _____ # of Weeks \$ _____
 Field Trip Fees _____ \$ _____
SUBTOTAL: \$ _____

Payment Method C.C. Check Cash

Parent's Signature: _____ Date: _____

Drop off Form at The Rink
 Registration payment must be paid 2 weeks in advance of session.

Medical History Form

Camper's Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

PLEASE COMPLETE THE FOLLOWING

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment in the "Comments" section on the back.

Have you had (or presently have) any of the following?

CIRCLE ONE

Head Injury (concussion, skull fracture)	YES	NO
Fainting Spells	YES	NO
Convulsions/Epilepsy	YES	NO
Neck or Back Injury	YES	NO
Asthma	YES	NO
High Blood Pressure	YES	NO
Kidney Problems	YES	NO
Hernia	YES	NO
Diabetes	YES	NO
Heart Murmur	YES	NO
Allergies	YES	NO
Please Specify _____		

Injuries to:

CIRCLE ONE

Shoulder	YES	NO
Knee	YES	NO
Ankle	YES	NO
Fingers	YES	NO
Arm	YES	NO
Other _____	YES	NO
Impaired Vision	YES	NO
Impaired Hearing	YES	NO
Other _____	YES	NO

Parent's Signature: _____ Date: _____

Drop off Form at The Rink

Registration payment must be paid 2 weeks in advance of session.

Consent to Treat Form

This is to certify that I, _____, as a parent or guardian of _____, give my consent to The Rink at Coral Ridge and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in skating camp.

Insurance Information

Name of Insurance Company _____

Address _____

Policy Number _____

Physician's Name _____ Phone _____

Hospital of Choice _____

EMERGENCY CONTACTS

Name (Parent 1) _____ **Relationship** _____

Cell Phone _____ Work Phone _____

Name (Parent 2) _____ **Relationship** _____

Cell Phone _____ Work Phone _____

Name _____ **Relationship** _____

Cell Phone _____ Work Phone _____

Parent's Signature: _____ Date: _____

Field Trip Schedule:

Week 1- Children's Museum (In Mall)

Week 2- Cedar Rapids Kernels Game

Week 4- Minions: Rise of Gru (Mall Movie Theater)

Week 3- Bowling (Iowa City)

Week 5- Lost Island (Waterloo)

Week 6- Skyzone (Cedar Rapids)

Week 7- Green State Family Field House (Coralville)

Week 8- Huck's Harbor/Fun City Resort (Burlington)

Field Trip Permission Form

My child, _____, has permission to join The Rink Summer Camp for any field trips during _____ (enter weeks attending).

Parent's Name(s): _____

Parent's Phone Number(s): _____

Aquatic Activities

Has your child completed swim lessons? Yes No

Is it okay for your child to participate in aquatic activities? Yes No

Comments: _____

Parent's Signature: _____ Date: _____