

# Carolina IceZone Summer Skills Camp - Camper Information and Health Form

## Child

First \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

## Parent/Guardian - Contact Information

### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

	<u>Weekly:</u>	<u>Daily (if space allows):</u>	<u>Deposit:</u>	<u>Balance:</u>
June 13-17	_____	M T W Th F	_____	_____
June 20-24	_____	M T W Th F	_____	_____
July 11-15	_____	M T W Th F	_____	_____
July 18-22	_____	M T W Th F	_____	_____
August 1-5	_____	M T W Th F	_____	_____
August 15-19	_____	M T W Th F	_____	_____

**Please circle track:**      Learn to Skate      Learn to Play      Figure Skating      Hockey Skills

## Please circle how you heard about the Carolina IceZone Camps:

E-mail      Website      School \_\_\_\_\_      Word of Mouth      Flyer      Other \_\_\_\_\_

**Medical Release Information**

Insurance Information:

Policy Number \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems we should be aware of, including any medication:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Carolina IceZone will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during IceZone Camps. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, social media and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Carolina IceZone.

Parent's/Guardian's Initials \_\_\_\_\_

**Liability**

The Carolina IceZone, it's management, and staff are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I hereby waive, release, and agree to hold harmless Arctica Skating, LLC, DBA The Carolina IceZone, it's officers, management and employees in any injury to myself whether the result of negligence or for any other cause. I agree that skating and camp activities can be dangerous and can cause injury, whether intentional or unintentional. I agree not to hold The Carolina IceZone, its officials, or any other participants liable.

Printed Name of Parent/Guardian: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_