

# 2020 Figure Skating "Camp Care" Release Form

## PLEASE PRINT

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Attending \_\_\_\_\_  
Guardian \_\_\_\_\_ Phone:Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Guardian \_\_\_\_\_ Phone:Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Does camper need assistance to participate? NO \_\_\_ YES \_\_\_ If yes, please explain.

Does camper have any allergies and/or food allergies? NO \_\_\_ YES \_\_\_ If yes, please explain.

Camper's medications: \_\_\_\_\_

Does camper need to take medication during camp hours? NO \_\_\_\_\_ YES \_\_\_\_\_

(Our medication procedure must be followed if campers receive medication(s) at camp)

Please describe any other medical conditions you feel we should be aware of (asthma, diet restrictions, etc.).

## IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT\*IMPORTANT

**Class and group placement:** If your child feels strongly about being in the same group with another skater the same age, PLEASE list the name(s) here now. Skaters will be placed in classes that suit their skill and test levels.

Skaters Name \_\_\_\_\_

Skaters Name \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP SKATER (OTHER THAN PARENTS LISTED ON REVERSE)

1. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_  
3. \_\_\_\_\_ Phone \_\_\_\_\_

## AUTHORIZATION TO WALK OR RIDE BIKE

I hereby give permission for \_\_\_\_\_ to walk \_\_\_ yes \_\_\_ no and/or ride his/her bike \_\_\_ yes \_\_\_ no to and from Kirkwood Parks and Recreation Department 2020 summer figure skating camp.

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of an accident or illness, if I (we) cannot be reached to make necessary arrangements, I (we) hereby authorize the Kirkwood Ice Arena supervisor to contact the nearest hospital for emergency medical treatment.

## FIELD TRIP PERMISSION RELEASE

I hereby give permission for \_\_\_\_\_ to attend all camp activities as part of the Kirkwood Figure Skating 2020 Summer Camp Program. (i.e. snow cones in the park, etc.)

## RELEASE FOR PARTICIPANT BY PARENT

In consideration of your accepting either me or my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I have read all of the above releases and agree with all of the above releases.

X \_\_\_\_\_

Signature of Parent/Guardian Date

**PLEASE FILL OUT THIS FORM AT REGISTRATION THANK YOU**