

Kirkwood Figure Skating Camp

Easy Registration Form - Full Day Weekly campers.

Please check the weeks you will attend.

____ June 8-12 ____ June 15-19 ____ June 22-26 ____ June 29- July 3 ____ July 6-10
____ July 20-24 ____ July 27-31 ____ Aug 3- 7 ____ Aug 10-14 ____ Aug 17-20 *Test session Aug 21

Price Schedule:

__ 1-2 Weeks, \$200 per wk. __ 3-4 Weeks, \$175 per wk. __ 5-7 Weeks, \$150 per wk. __ 8-10 Weeks \$135 per wk.

Sign up for 10 full weeks and receive a \$50 discount.

Camp includes registration fees, camp care M-W-F 8:45 -3:45, T-TH 8:30-3:45 and Friday 8:45-12:15, custom schedule, and special events (nominal fees may apply-see event schedule) and skaters name entered in all drawings! (Limited availability)

Easy Registration Form - Half Day Weekly campers.

Please check the weeks you will attend plus choose A.M. or P.M.

____ June 8-12 ____ June 15-19 ____ June 22-26 ____ June 29- July 3 ____ July 6-10
____ July 20-24 ____ July 27-31 ____ Aug 3- 7 ____ Aug 10-14 ____ Aug 17-20 *Test session Aug 21

A.M. Schedule ____ P.M. Schedule ____

Price Schedule:

__ 1-2 Weeks, \$125 per week __ 3-4 Weeks, \$100 per wk. __ 5-7 Weeks \$90 per wk.
__ 8-10 Weeks \$85 per wk.

Extra: _____ 12:15-12:45 Class \$7.50 per class. _____ 12:15-12:30 \$5 per class.

Camp includes registration fees, custom schedule, special activities (nominal fees may apply-see event schedule), drawings and camp care. (Limited availability)

Camp Care: A.M. Hours: M-W-F 8:00 am-12:15pm T-Th 8:00-12:15 P.M. Hours: Monday - Thursday 12:15-3:45 and Friday 8:45am-12:15pm.

Skater's Name _____ Age _____ DOB _____ E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone(____) _____ cell _____

Parent/Guardian _____ Phone(____) _____ cell _____

Emergency Contact _____ Phone(____) _____

Highest Test Passed: Moves in the Field _____ Freestyle _____ Dance _____

RELEASE FOR PARTICIPANT (BY PARENT) - It is agreed and understood that in consideration of the city's acceptance of either me or the undersigned into a City sponsored program, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights and claims for damages which I or my child(ren) may have against the City of Kirkwood and its representatives, successors and assigns for any and all injuries suffered by myself or my child resulting from any activity sponsored by these groups. WARNING: Some activities involve risk of injury and /or physical exertion. You should consult with your physician to make sure that you are physically able and capable of participating in these activities. INCLUSIVE RECREATION SERVICES - AMERICAN WITH DISABILITIES ACT (ADA) - The Kirkwood Parks and Recreation Department invites people with and without disabilities to participate in our programs and events. Please let us know when you register if accommodations due to a disability are needed to enable your participation, or to let us know if there are medications or allergies of which we should be aware. For assistance in arranging accommodations for your participation, or to notify us of medical concerns, please contact Terri Johnson, CTRS/CPRP, and Executive Director of Municipal Partners for Inclusive Recreation at 314-835-6157 or use Relay Missouri 1-800-735-6157 to discuss your participation. REFUNDS: All participants canceling from a program voluntarily will be assessed a minimum \$5 program charge. Participants that cancel voluntarily less than one week prior to the start of the program may only receive a partial or prorated refund based on type of program and time of cancellation. My signature evidences my agreement and acceptance of the aforementioned terms and conditions constituting a waiver and release for myself and my children. Additional family members: _____

MC/Visa/Discover # _____ Exp. _____ Code _____ Cash _____

Check _____ Signature _____ Name _____ Date _____