

Wk 1 June 27 - July 1

Wk 2 July 5 - 8

Wk 3 July 11 - 15

Wk 4 July 18 - 22

Wk 5 July 25- 29

Wk 6 Aug 1 - 5

Wk 7 Aug 8 - 12

Wk 8 Aug 15 - 19

Wk 9 Aug 22 - 26

Interskate 91



2011 Registration Form

Full Day

Half Day AM / PM

M T W T F

Total Amount Paid

Form of payment

Able to go on
Field Trips

Yes No

Child's Name: _____ Age: _____ DOB: _____

Address: _____

Home Phone: _____

Parent / Guardian: _____

Address: _____

Home Phone: _____ Work # (Mother) : _____ Work # (Father) : _____

Emergency Phone: _____ Name/Relationship: _____

Family Doctor: _____ Doctors Phone: _____

Physical description of your Child: _____

Allergies: _____

Medications: _____

Any Special Care: _____

Pick-up Authorization: _____

I understand I or another authorized pick-up person must pick up my child by 12:00pm if registered for the half day camp, and by 5:00pm if registered for the full day camp. I also understand there is a \$5.00 late pick-up fee per 15 minute block. I understand that the Interskate 91 staff will not release my child to anyone not listed on this form as an authorized pick-up person. I also understand that everyone listed on the authorized pick-up list must bring their I.D. with them.

Signature of Parent or Guardian: _____ Date: _____

KIDS CAMP RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand this document before initialing it or signing.

Name: _____ If under 18 Name of Guardian: _____ Date: _____

Address: _____ Phone: _____

I, the above-named person being above age eighteen, or the legal guardian of the above-named person who is under 18, in consideration of the services of **Wheely-Funn, Inc.** (hereinafter referred to as "**Interskate 91**") the rate charged for those Services, and the right to engage in **RollerSkating** and other various activities as a participant, hereby acknowledge the following:

ACKNOWLEDGEMENT OF RISKS

I understand and acknowledge that **RollerSkating** and other activities involve certain known risks to myself, my child and/or spectators or other third parties. I understand and acknowledge that **Interskate 91** cannot guarantee the safety of me or my child, as participates or spectators. My participation in these activities is purely voluntary; no one is forcing me/he/she to participate.

ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that **RollerSkating** and other activities can involve risks of injury to myself or my child, I expressly agree to accept and assume all responsibility and risk for injury, or death, to myself or to my child arising from my/his/her participation in this and other activities at the Interskate 91 Kids Camp.

RELEASE

I hereby voluntarily release and forever discharge **Interskate91**, it's officers and employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my/his/her participation in **the Kids Camp**. I further agree to hold harmless and indemnify **Interskate 91**, it's officers and employees and all other persons or entities from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I/he/she may negligently or intentionally cause to spectators or other third parties in the course of my participation in this camp. I further agree, not to sue, assert or otherwise maintain any claim against **Interskate 91**, it's officers and employees, and all other persons or entities, for bodily injury, or death, to myself or to my child, arising from or connected with my/his/her participation in this summer camp program from any claim asserted against any of us by spectators or other third parties.

ENTIRE AGREEMENT

I understand that this is the entire Agreement between myself and **Interskate 91**, it's officers and employees, and that it cannot be modified or changed in any way by the representation or statements of any officer, employee, or agent of **Interskate 91** or by me. My signature below indicates that I have had sufficient opportunity to read this entire document, understand it completely, and agree to be bound by it's terms.

Date: _____ Signature of Participant: _____

Signature of Parent or Guardian (if under 18) : _____

Witness or Notary: _____

Seal

KIDS CAMP Medical Treatment Waiver

Parent Name: _____

Child's Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

Child's Age: _____

I understand that in case of an emergency and I can not be contacted medical treatment could be required. I give full permission to Interskate 91 to authorize any treatment necessary to insure the safety of my child.

Preferred Hospital: _____

Insurance Information: _____

*This waiver does not in any way hold **Interskate 91**, it's officers and employees, and all other persons or entities financially responsible or otherwise liable for any medical or emergency care given.*

Signature of Parent or Guardian: _____ **Date:** _____