| *For Office Use* | *Paid* |
|---|---|
| *December*<br>*23, 26, 27, 30, 31* | |


# 2024 Vacation Camp Registration Form

*For Office Use*

**Registration**

**Liability**

**Waiver**

**Health Exam.**

**Behavior**

*Checked By:* _____

Child's Name:_____Age:_____DOB:_____

Parent / Guardian:_____

Address:_____

Town: _____ State: _____ Zip Code: _____

Mothers Phone:_____ **Fathers Phone** :_____

Emergency Phone:_____Name/Relationship:_____

E-mail*(Mother)*:_____*(Father)*:_____

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 5:00pm. (6:0 for extended hours) I also understand there is a $5.00 late pick-up fee per 5 minutes. The fe increases after 15 minutes. 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 ID with them.*

Signature of Parent or Guardian:_____Date:_____

# BEHAVIOR MANAGEMENT POLICY

**Camper's Name: _____ Age at time of camp_____**

Interskate 91's Kids Camp wants all of our campers to have a rewarding and memorable experience. In order for this to take place, there are a few rules campers are expected to follow. Please review the following rules and discipline measures with your child to ensure that he/she has a safe, positive, and, most importantly, fun summer.

**Camp Rules:**

- To treat myself, others, and the camp staff with Care, Honesty, Respect and Responsibility.
- To follow directions and instructions from all staff.
- To stay with the group and counselor at all times unless given permission to do otherwise.
- To keep hands, feet and all other body parts to myself.
- Be responsible for all personal belongings.
- To respect all camp facilities, equipment and property.
- To not use any foul or inappropriate language at any time.
- To Have Fun!!

**Camper Consequences:**

- Redirection of camper
- Verbal warning or loss of free time
- Visit Camp Director and call home. Child will speak to parents at that time.
- If a second phone call is necessary, the child will be sent home.
- In the event of consistent or excessive failure to follow the rules, the camper will be sent home. If the camper severely endangers the physical, mental or emotional health of another individual, the camper may be sent home immediately.
- Interskate 91 reserves the right to terminate a child's enrollment at our discretion.

**Behavior Management/Discipline Agreement**

**I, the undersigned, have carefully read and gone over the above rules and consequences with my child. I agree with the above policy and understand that in the event my child is sent home and suspended for failure to follow the behavior policy, I will not receive a refund for any camp monies for that time. If my child is removed from the camp permanently, I will not receive a refund for that week. My registration will be terminated at the end of the week that the camper was sent home.**

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

**Signature of Camper: _____ Date: _____**

# KIDS CAMP MEDICAL TREATMENT WAIVER

Parents Name: _____

Child's Name: _____

Address: _____

_____

Home Phone: _____

Office Phone: _____

Child's Age: _____

*I understand that in case of an emergency and I cannot 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, its 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: _____

# 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 **RAHL Entertainment Inc.** (hereinafter referred to as **"lnterskate 91"**) the rate charged for those Services, and the right to engage in Roller Skating and other various activities as a participant, hereby acknowledge the following:

## ACKNOWLEDGEMENT OF RISKS

I understand and acknowledge that roller skating**, l**aser tag, playgrounds, scooters and miscellaneous high energy activities occurring at the rink 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 roller skating**, l**aser tag, playgrounds, scooters and miscellaneous high energy 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 **Interskate 91**.

## RELEASE

I hereby voluntarily release and forever discharge **lnterskate 91**, its 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 activities at **Interskate 91**. I further agree to hold harmless and indemnify **Interskate 91,** its 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 activity. I further agree, not to sue, assert or otherwise maintain any claim against **Interskate 91**, its 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 recreation 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**, its 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 its terms.

Signature of Participant:_____

Signature of parent or guardian *(if under 18)*:_____

**CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH AND ADULTS**

Developed by American Camping Association, Inc.
in consultation with The American Medical Association and the American Academy of Pediatrics

**Program:** _____

**RETURN TO:**
Interskate 91
2043 Boston Road
Wilbraham, MA 01095

*This side to be filled in by parent and checked with physician at time of exanimation.*

Participant name_____Birth Date:_____Sex_____Age_____

Parent or Guardian (or Spouse) _____ Phone_____

Home Address _____

Business Address _____ Phone _____

If not available in an emergency notify: _____ Phone_____

Home Address _____

**Health History: (Check** — giving approximate dates)

| Conditions | | Allergic Reactions*** | | Diseases | |
|---|---|---|---|---|---|
| Migraine | _____ | Food (nuts, shellfish) | _____ | Chicken Pox | _____ |
| Heart Defect/Disease | _____ | Plants (poison ivy, etc) | _____ | Measles | _____ |
| Convulsions | _____ | Insect Stings | _____ | German Measles | _____ |
| Diabetes | _____ | Drugs | _____ | Mumps | _____ |
| Bleeding/Clotting Disorders | _____ | Other | _____ | Asthma | _____ |

*** Severe allergic reactions – please give explanation and course of action _____

_____

Operations or serious injuries (dates) _____

Chronic or recurring illness_____

Psycho-social conditions (ADD/depression/anxiety/food disorder, etc.)_____

If medication(s) will be taken during camp, indicate name of drug and dose _____

Name of family physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes_____No_____ If so, indicate below:

Carrier _____ Policy or Group number _____

**IMPORTANT:** *Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance*

Suggestions from parents: _____

## Parent's Signed Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities.

I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

**Parent/Guardian Signature:** _____ Date _____

--- Important — Must be SIGNED & Completed for Camp Attendance ---

**IMMUNIZATION HISTORY Applicant Name:** _____

Required immunizations must be determined locally. Please record the date (month & year) of basic immunizations and most recent booster doses

| Vaccines | Year of Basic immunization | Year of Last Booster |
|---|---|---|
| Diphtheria<br>Pertussis (whooping cough) DPT<br>Tetanus<br>or | | |
| Tetanus<br>Diphtheria TD<br>or | | |
| Tetanus | | |
| Oral Polio (Sabin) TOPV | | |
| Injectable Polio (Salk) | | |
| Measles (hard measles, red measles, Rubeola) | | |
| Mumps | | |
| Rubella (German measles, 3-day measles) | | |
| Other | | |
| Tuberculin test given_____(most recent) | Height:_____ | Weight:_____ |

**HEALTH EXAMINATION BY LICENSED PHYSICIAN WITHIN 12 MONTHS OF CAMP - I have examined the above applicant…**

In my opinion, the applicants condition does _____ / does not _____ preclude her / his participation in an active sports program.

Is there any physical and/or psycho-social conditions for which the applicant is under professional care: _____

_____

_____

Current Treatment (include current medications):_____

_____

Any activity or dietary restrictions: _____

_____

Explanation of loss of consciousness, convulsion or concussion: _____

_____

Does applicant have: Epilepsy: Yes_____ No_____ Asthma: Yes_____ No_____ Diabetes: Yes_____ No_____

Bleeding or clotting disorders: Yes_____ No_____ Heart defect/disease: Yes_____ No_____

Any allergies (food, drugs or insects):_____

_____

Any medication to be administered (specific dosages): _____

_____

Additional Health Information: _____

_____

*****LICENSED PHYSICIAN SIGNATURE:** _____ **Date:** _____

**Address:** _____ **Phone:** _____

**Name of Physician (please print):** _____