



**Skate Camp 2019
EMERGENCY FORM**

SK ₀₁ (7/8 – 7/12)	SK ₀₂ (7/15 – 7/19)	SK ₀₃ (7/22 – 7/26)	SK ₀₄ (7/29 – 8/2)
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PLEASE CHECK OFF THE SESSION ABOVE AND COMPLETE THIS FORM.
BRING IT TO THE FIRST DAY OF SKATE CAMP.
Your child will not be able to stay at Skate Camp without this form.

Please Print:

Child's Name:	
Address:	
Home Phone #:	
Parent/Guardian Name:	
Parent/Guardian Name:	
Parent/Guardian Work Phone #:	Cell Phone #:
Parent/Guardian Work Phone #:	Cell Phone #:
Emergency Contact Name: <i>(Other than Parent/Guardian)</i>	
Emergency Contact Phone #: <i>(Emergency contact must be available during program hours.)</i>	

Doctor's Name:	Doctor's Phone #:
List of Allergies:	
1)	4)
2)	5)
3)	6)
List of Physical Limitations:	
1)	4)
2)	5)
3)	6)
Is your child currently on medications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , please explain:	
Medication:	Condition:
Medication:	Condition:
Medication:	Condition:
Will your child be continuing this medication during the summer camp experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BY SIGNING - THE ABOVE INFORMATION IS ACCURATE AND UP TO DATE. INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED AND ARE GROUNDS FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT MY CHILD WILL BE SUSPENDED FROM SKATE CAMP IF THEY FAIL TO ADHERE TO THE GUIDELINES.

Signed: (Parent/Guardian) <small>(Not valid unless signed by Parent/Guardian)</small>	Date:
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LIST AUTHORIZED NAMES FOR CHILD PICK-UP ON BACK WITH PHONE & CELL NUMBERS.

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AUTHORIZED NAMES FOR CHILD PICK-UP WITH PHONE & CELL NUMBERS

Authorized Name	Phone and/or Cell Number