

CITY ICE PAVILION HOLIDAY SKATING CAMP

Registration Form, Health and Medical Release

Circle the days and program you are registering for:

Dec 21
 Dec 22 **Snowplow Sam** – (Ages 3-5) 9:00am-Noon
 Dec 23 **Basic Skills** – (Ages 6+) 9:00am-Noon
 Dec 28 **Advanced Figure Skating** - 8:00am-Noon
 Dec 29
 Dec 30
 Dec 31

Skater's Name (First) _____ (Last) _____

Gender: Male Female Date of Birth: ____/____/____ Home phone _____

Address _____ Apt _____ City _____ State ____ Zip _____

Parent/Guardian Name (Mother) _____ Mother Cell _____

Parent/Guardian Name (Father) _____ Father Cell _____

E-mail address _____

COST

Snowplow Sam and Basic Skills: \$40/day or \$260 for all seven days

Advanced Figure Skating: \$60/day or \$385 for all seven days

Program Fee \$ _____ X # of days: _____

Total Amount \$ _____

Circle Payment: Credit Card Cash Check Check # _____

Payment: MC Visa Discover Amex ***Checks should be made payable to City Ice Pavilion**

Credit Card # _____ Exp. Date _____

Cardholder Name _____

Signature _____ Date _____

MEDICAL HISTORY

Skater's Name (First) _____ (Last) _____

Name of family physician _____ Phone _____

Address of physician _____

Name of dentist _____ Phone _____

Name of orthodontist _____ Phone _____

Do you carry medical/hospital insurance? Yes _____ No _____

If so, please indicate: Carrier _____ Policy/Group # _____

Operations or serious injuries (dates) _____

Chronic or recurring illness/medical condition _____

Dietary restrictions _____

Allergies (e.g. food, drug, plant, insect, etc.) _____

Current Medications _____

Please indicate with a check (and dates if appropriate) if your child has experienced any of the following:

____ Frequent ear infections ____ Heart Condition/Disease ____ Seizures/Epilepsy ____ Diabetes

____ Asthma ____ Bleeding/Clotting Disorders ____ Hypertension ____ Mononucleosis ____ Lyme Disease

Has your child had any of the following diseases (please give dates)

____ Chicken Pox ____ Measles ____ German measles ____ Mumps

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent/guardian _____ **Date** _____

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that City Ice Pavilion, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in any and all City Ice Pavilion programming at any time preceding, during or after program is in session and I hereby discharge City Ice Pavilion, its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that City Ice Pavilion has the right to use all photographs or videos taken of my child during programming for advertising or promotional purposes.

Signature of parent or guardian: _____ **Date:** _____

Send completed registration form to:

MAIL: **CITY ICE PAVILION**, ATTN: Elise Gallagher, 47-32 32nd Place, Long Island City, NY 11101

EMAIL: egallagher@cityicepavilion.com

FAX: (718) 706-6670

PHONE: (718) 706-6667