

Astro Skate Camp Registration 2022

Camper Information: (please print clearly and fill out completely, if information is not available please put n/a in field)

Name: First _____ Last: _____ **Grade 2021-2022** _____

Date of Birth: _____ **Age** _____ **Sex:** M F **School attending:** _____

Parent/Guardian Information

Parent/Guardian #1: Full Name: _____ Cell # _____ Work # _____ Address: _____ Does camper live with this person Y N Is this person camper's Legal Guardian Y N Email: _____
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Parent/Guardian #2: Full Name: _____ Cell # _____ Work # _____ Address: _____ Does camper live with this person Y N Is this person camper's Legal Guardian Y N Email: _____
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Emergency Contacts/ Permission to Pick up When a parent or guardian cannot be reached or is unable to pick up child, the following persons should be contacted: Name: _____ Relationship: _____ Phone # _____ Can pick up Y N Name: _____ Relationship: _____ Phone # _____ Can pick up Y N Name: _____ Relationship: _____ Phone # _____ Can pick up Y N Name: _____ Relationship: _____ Phone # _____ Can pick up Y N <i>For the children's safety, we will require unfamiliar parents, relatives, and friends to show ID at pick up time. We will not allow anyone unnamed on this registration to pick up any child. Persons may never be added to this list telephonically.</i>

Has the camper previously attended Astro Camp? Y N

If yes, When? _____

After completing the above, the Camper Health History Form and receiving your Parent Handbook, please initial and sign below:

_____ My child and I have reviewed the Astro Skate Camp **Behavior Expectations and Discipline Procedures** and we agree to participation under the terms described.

_____ I have obtained and understand the **Astro Camp Parent Handbook** and agree to the guidelines contained.

_____ I release Astro Skate center, its employees and instructors from all claims resulting from any injury, accident or other actions which result from my child's participation in this program.

Parent/Guardian Signature: _____ Date: _____

**Astro Skate Camper
Health History Form and Medical Release***

Is your child allergic to any medications/foods/insect stings? Y N

If the child is allergic, please explain any and all allergies and reactions: _____

Does your child have any medical or physical limitations? Y N

If yes, please explain: _____

Has your child been identified as needing extra support or services in any of the following areas?

___ Academic

___ Social/ Emotional

___ Health (diabetes/allergy, etc)

___ Behavioral (ie ADHD)

___ Physical

___ Speech

Please describe the nature of these services: _____

Please share any additional information our staff should be aware of regarding your child's health needs while participating in camp activities on-site and off-site:

*The health history information provided on this form is correct. I understand that it will only be disclosed to staff for the purpose of the safety and positive camp experience of my child. My child has permission to engage in all camp activities and be transported to and from field trips. In the event that I cannot be reached in an emergency, I give my permission to Astro Camp to contact emergency response personnel to secure proper treatment for my child. I will notify the Camp Director if there is a change in my child's health or medical information.

Photo Release

Astro Skate will be from time to time taking photos of students during their activities within the premises. In this regard, we seek your consent for the publishing or use of photos which your child may be included. The photos will be used for marketing or advertising, and/or updates posted via our Facebook or website. Should you decided to take back your authorization later on, you may do so by writing to us. We guarantee that names will not be included.

I hereby grant and authorize the daycare to make use of photos involving my child

I do not allow the use of the photos taken involving my child

Parent Signature _____ Date _____