

Astro Skate Camp Registration 2022

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

1st Child's Name: First: _____ Last: _____ Grade: _____

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

School Attending: _____

2nd Child's Name: First: _____ Last: _____ Grade: _____

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

School Attending: _____

3rd Child's Name: First: _____ Last: _____ Grade: _____

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

School Attending: _____

4th Child's Name: First: _____ Last: _____ Grade: _____

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

School Attending: _____

Parent/Guardian #1: Full Name: _____ Cell #: _____ Work # _____ Address: _____ _____ Does this camper live with this person? Yes _____ No _____ Is this person campers' Legal guardian? Yes _____ No _____ Email: _____

Parent/Guardian #2: Full Name: _____ Cell #: _____ Work# _____ Address: _____ _____ Does this camper live with this person? Yes _____ No _____ Is this person campers' Legal guardian? Yes _____ No _____ Email: _____
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Emergency Contact/ 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 _____ 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 over the phone.
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Is your child allergic to any medications/food/insect stings? Yes _____ No _____

If yes, please explain any allergies. _____

Does your child have any medical or physical limitations? Yes _____ No _____

If yes, please explain: _____

Has the camper previously attended Astro Camp? Yes _____ No _____

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 Procedure** 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 in any injury, accident or other actions which result from my child's participation in this program.

_____ I agree that all information provided on this form is correct. My child(ren) has permission to engage in all camp activities and be transported to and from field trips. In the event 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(ren). I will notify the camp director if there is a change to my child's health or medical information.

Parent/Guardian Signature: _____ Date: _____