



# RampArt Skatepark Easter Break Skate/BMX Camp 2015

Waiver \_\_\_\_\_ Paid \_\_\_\_\_  
700 South G St.  
Arcata, CA 95521  
(707) 826-0675  
info@rampartskatepark.org

Registration Form (Please use an individual form for each child by photocopy or email for additional forms)

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Parents or Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_ Bringing an Epi-Pen? Yes or No

- Participants may be dropped off at RampArt no earlier than the listed start time each day and should be picked up no later than the listed end time each day unless prior arrangements are made to carry over into normal operation hours.
- Participants are expected to bring their own lunch.
- Snacks and beverages will be available for purchase.
- Participants are expected to bring their own equipment (in proper operation).
- Helmets, knee, and elbow pads are required. Wrist guards are recommended.

### Camp days and times are as follows:

Sessions run 10:30 am to 2:30 pm

**All five days**

**Mon April 6th**

**Tues April 7th**

**Wed April 8th**

**Thurs April 9th**

**Friday April 10th**

Discipline (Circle all that apply): Skate BMX Rollerblade Scooter

Skill Level (Circle): Beginner Intermediate Advanced

Circle which days your child will be attending camp here ➡

Presidents Week Camp Fee: \$139 for all five days OR \$40 per day

Total Payment Enclosed: \$ \_\_\_\_\_

Method of Payment \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Cash Billing Zip Code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVN # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that my child, \_\_\_\_\_, is healthy and free of problems that could be harmful to his/her participation in the Humboldt RampArt Collective (HRC) Camp Program. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the alternative emergency contact and number that I have listed above. I also give HRC permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to the Humboldt RampArt Collective (HRC) to photograph my child \_\_\_\_\_ who is participating in HRC Thanksgiving Camp. I also give permission the HRC to use the photographs of my child for promotional purposes, including but not limited to the HRC web site, social media sites, Annual Report, Newsletter, Camp Guide, and other marketing and communications materials.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_