



RampArt Skatepark Winter Skate/BMX Camp 2015

Paid ___ Waiver ___
700 South G St.
Arcata, CA 95521
(707) 826-0675
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.
- 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 times are as follows

Sessions are 9:00am to 1pm

Mon Dec. 21st

Tues Dec 22nd

Wed Dec 23rd

Mon Dec 28th

Tues Dec 29th

Wed Dec 30th

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 ➡

Winter Camp Fee: \$40 per day OR \$95 for 3 days.

Total Payment Enclosed: \$ _____

Method of Payment: _____ Check _____ Credit _____ 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 RampArt Skatepark (RAS) 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 RAS 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 RampArt Skatepark (RAS) to photograph my child _____ who is participating in RAS Camp. I also give permission the RAS to use the photographs of my child for promotional purposes, including but not limited to the RAS web site, social media sites, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communications materials.

Signature: _____ Relationship to child: _____ Date: _____