



# RampArt Skatepark Summer Skate/BMX Camp 2017

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.

### Weekly camp times are as follows

**9:00 am to 2:00 pm MON - FRI**

**Week 1: June 19 - 23**

**Week 2: June 26 - 30**

**Week 3: July 10 - 14**

**Week 4: July 17 - 21**

**Week 5: July 31 - Aug 04**

**Week 6: August 7 - 11**

**Week 7: August 14 - 18**

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

Skill Level (Circle): Beginner Intermediate Advanced

Circle which weeks your child will be attending camp here ➡

Summer Camp Fee: \$140 X \_\_\_\_\_ (Total Number of Weeks)

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) Summer 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 Summer 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: \_\_\_\_\_