



# Speedskating Camp

July 8-12, 2019



@ Fort Dupont Ice Arena

for children entering 2nd-8th grade



Child's Full Name:			
Age:	DOB:	Grade (2019-20):	Gender: M F
Parent(s)/Guardian(s):			
Address:			
City:	State:	Zip:	Ward (DC):
E-mail(s):			
Home Phone:	Work Phone:	Cell Phone:	
T-shirt size: YM YL AS AM AL			
Emergency Contact Person:		Relation to child:	
Emergency Contact #:			
1. Does your child have any serious health concerns or medicine/food allergies? Y N			
If yes, please explain:			
2. Has your child taken skating lessons before? Y N			
If yes, where?		What skill/badge level completed?	
3. Is there anything else you would like us to know about your child that might affect their skating school experience?			
If yes, please explain:			
Parent(s) Place(s) of Employment:			
Child's School:			

**Please print clearly! Entire form, front and back must be completed.**

**Use a separate form for each skater!**

**Waiver of Liability**

I certify that I am the person named below or the authorized parent or guardian of the child named below. I hereby agree to waive liability and hereby release any and all claims against Friends of Fort Dupont Ice Arena, its officers, employees and agents for injuries and damages of any nature whatsoever suffered by myself (and/or my child 18 years old or under, on whose behalf I am signing). During programs at the Facility or while at the Facility for any reason, whether on or off the ice surface and no matter whether arising in tort, contract or otherwise. If Friends of Fort Dupont Ice Arena is found liable for injuries or damages, I agree that my sole and exclusive remedy will be against Friends of Fort Dupont Ice Arena and not against any individual, regardless of fault. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and for my child's participation in these activities. I have read the Rules of the Friends of Fort Dupont Ice Arena (posted next to the Skate Shop) and will abide by them. I have explained the Rules to my child, and will cause my child to abide by them. I agree that the staff of the Friends of Fort Dupont Ice Arena may require withdrawal from any session of any skater who violates the Rules.

**Photo release**

I hereby authorize Friends of Fort Dupont Ice Arena to take and keep or publish photographs, digital images or other images (including, but not limited to video) of me or my child, and our names, for use in Friends of Fort Dupont Ice Arena's printed publications and web sites. I acknowledge that because my participation is voluntary, I will receive no financial compensation from the taking, publication, use or retention of the photographs or images, no matter in what form. I further agree that my participation in any publication or web site produced by Friends of Fort Dupont Ice Arena confers upon me no rights of ownership whatsoever, nor any rights in copyright, publicity, privacy or otherwise. I release Friends of Fort Dupont Ice Arena and its employees, officers and directors from any liability for any claims by me or any third party in connection with my participation.

\_\_\_\_\_
Print Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date Signed

**We are often asked by our funders for the following information. Please answer to the best of your ability.**

Please describe your child's racial/ethnic background. Select one or more of the following.
o Native American or Alaskan Native o Asian o Black or African American o Hispanic or Latino
o Native Hawaiian/Pacific Islander o South Asian o White o Other
Average household income : (Select Below) Number in household:
o \$0 - \$19,999 o \$20,000 - \$39,999 o \$40,000 - \$59,999 o \$60,000 - \$79,999
o \$80,000 - \$99,999 o \$100K - \$119K o \$120K - \$149K o \$150,000+

**Summer Fun Skating Camp PAYMENT**

**Need-based scholarships are available. Please complete and return separate Scholarship Application by June 1, 2019.**

- Check here if financial assistance is requested.
 Check here if registered sibling payment is included with this form.

First Skater Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
Sibling name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
Sibling name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
TOTAL Paid: \_\_\_\_\_

Fee Schedule
On or before May 1 After May 1
Camp First Camper Sibling Rate First Camper Sibling Rate
July 8-12, 2019 \$300 \$275 \$325 \$300

Form of Payment:  Cash  Check # \_\_\_\_\_  Credit Card
Name On Card: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Card Type/#: MC Visa Disc \_\_\_\_\_
Expiration Date: \_\_\_\_/\_\_\_\_ C V V: \_\_\_\_\_

Please make checks payable to Friends of Fort Dupont Ice Arena or provide complete credit card processing information and mail to 3779 Ely Place, SE, Washington, DC 20019. \*Child sponsorships are tax-deductible to the fullest extent of the law.