



Summer Fun Skating Camp

July 29-Aug 2, 2019
9AM-5PM



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.			
<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> South Asian	<input type="checkbox"/> White	<input type="checkbox"/> Other
Average household income : <i>(Select Below)</i>		Number in household: _____	
<input type="checkbox"/> \$0 - \$19,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> \$40,000 - \$59,999	<input type="checkbox"/> \$60,000 - \$79,999
<input type="checkbox"/> \$80,000 - \$99,999	<input type="checkbox"/> \$100K - \$119K	<input type="checkbox"/> \$120K - \$149K	<input type="checkbox"/> \$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 29- Aug 2, 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.