

REGISTRATION FORM



HOURS OF OPERATION: 6am-6pm Late pick-up fee after 6:05pm: \$1 per minute

SUMMER CAMP RATE: 2-3 DAYS \$30 (Per day, Per Child) 4-5 DAYS \$125 (Per Child)

Childs
Name: _____ Date: _____
DOB: _____ Age: _____
Parents
Name: _____ Cell # _____
Email: _____ Work # _____
Address: _____

☐ Registration Fee \$ _____
☐ Camp T-Shirt (Size) \$ _____
☐ First Weeks Tuition \$ _____
☐ **Total** \$ _____

☐ Check ☐ Cash ☐ Card # _____ Exp. Date _____

CVV # _____ Card Zip Code _____

Please Check T-Shirt size Youth ___SM___MED___LG___XL/**Adult**___SM___MED___LG___XL___

TERMS AND CONDITIONS

- **Full payment must be received upon registration.**
- **Registration Fee:** \$50 per child or \$75 for family. **(NON REFUNDABLE)**
- No Refunds are given for missed days.
- I give my permission for my child or children to be transported by Skate Odyssey.
- Playtime includes but not limited to: Skating, air hockey, board games, movies, arts and crafts, and more! (Off Site Field Trips, Movie Theater, Park, etc.)
- **Contacts:** Horn Lake Rink (662) 253-0061/Olive Branch Rink (662) 893-2187 or Nancy Justice, Program Director @ (662) 420-0648 or Email: skateodyssey.nancyjustice@gmail.com
- **I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:**

X _____ DATE: _____
Signature Required

**Disabilities/Special
Requirements/Medications:**

Emergency Medical Treatment:

In the event _____ (student name) becomes ill or sustains an injury while in the care of or under the supervision of the SUMMER CAMP counselors/directors, they are given permission to administer first aid for his/her relief. In case of emergency, permission is give to take my child to the nearest appropriate emergency or clinic facility.

Please attach a copy of medical insurance card

Emergency Contacts 1. _____ PHONE _____
2. _____ PHONE _____

My Child is allergic to the following:

Penicillin	Yes	No	Comments _____
Aspirin	Yes	No	Comments _____
Tylenol	Yes	No	Comments _____
Foods	Yes	No	Comments _____
Other	Yes	No	Comments _____

Under care of a physician? Yes No Physician's Name _____

Dentist _____ Hospital Preference _____

May non- aspirin be dispensed to your child? ____ Yes ____ No

Permission for Emergency Treatment

This certifies that permission is given for Skate Odyssey of Horn Lake Afterschool/Summer Camp to seek emergency medical treatment for the above named child in the event a parent or emergency friend cannot be contacted immediately.

Signature of parent/guardian _____ **Date** _____

Skate Odyssey Afterschool, Inc. Liability Waiver:

IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE SKATING AND PLAYING IN THE BUILDING OR ON THE PLAYGROUND. I HEREBY KNOWINGLY AND VOLUNTARIALLY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANY LIABILITY MAY OR COULD ACCRUE TO SKATE ODYSSEY AFTERSCHOOL, INC., OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE _____ DATE _____

Skate Odyssey Afterschool/Summer Camp
Permission form for Field Trips:

Child's Name _____ Age _____ DOB _____

I give permission for my child/children to go on all field trips. I understand that this may include swimming and program related field trips and all regulations apply. Transportation will be by Afterschool bus or van. The chaperones will be Afterschool counselors and staff and carry full responsibility as such. I understand that I will be informed of times and places for the field trips. Parents are welcome to help with field trips. In the event of an emergency, Skate Odyssey Afterschool personnel may arrange alternate transportation.

Parent/Guardian _____ Date _____

Phone number/ cell _____

Photo Agreement:

May we take your child's photo? ☐ YES ☐ NO

May your child's picture or image be used for Skate Odyssey of Horn Lake Afterschool publicity, promotion, or media purposes? (Facebook, newspaper, etc.) ☐ YES ☐ NO

Under no circumstances is your child allowed to take photos or video other children in the Skate Odyssey After-School/Summer Camp Program. Violation of this policy will result in an immediate suspension or expulsion from the program.

Signature Date

Student Release from Skate Odyssey Afterschool/Summer Camp

My child may be released to these designated persons: *(Photo ID must be presented)*

Please list the names of all persons who may, at one time or another, be allowed to pick up your children from after-school/summer camp. If anyone arrives to pick up your children and their name is not on this list or they do not have identification, your child **WILL NOT** be released to them!

I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE:

X _____ **DATE:** _____

Signature Required

DIRECTOR USE ONLY: Enrollment Date: ____/____/____ Start Date: ____/____/____ Withdrawal Date: ____/____/____