



Enrollment Form

Last Name: _____ First Name: _____

Level: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Name of Parent/Guardian: _____ E-mail: _____

Additional Notes: _____

Please circle:

Week 1

July 5th-9th, 2010

Week 3

July 19th-23rd, 2010

Week 5

August 2nd-6th, 2010

Week 2

July 12th-16th, 2010

Week 4

July 26th-30th, 2010

Week 6

August 9th-13th, 2010

OR Specify individual dates: _____

I/my child skates in this class at my/his/her own risk and hereby release ISI, the host facility, and their officers, directors, instructors, and personnel from all liability.

I declare that the above information is true. I do hereby grant and give the ISI and the arena the right to use my or my child's photograph or image with or without I or my child's name, both single and in conjunction with other persons or objects for any and all purposes.

Skaters Signature: _____

If under 18, Parent/Guardian's Signature: _____

Card Type: _____ Card Number: _____

Name on Card: _____ Expiration Date: _____

Amount: _____ Signature: _____

FOR OFFICE USE ONLY

	Amount		Amount		Amount
Per Day (full) \$140		Per Week (full) \$600		Full Camp (full) \$3,300	
Per Day (half) \$75		Per Week (half) \$350		Full Camp (half) \$1,900	
Early Bird 10% Discount	Y / N			TOTAL	



Medical Release

Last Name: _____ First Name: _____

Name of Physician: _____ Phone: _____

Address of Physician: _____

Name of Dentist: _____ Phone: _____

Name of Orthodontist: _____ Phone: _____

Do you carry medical/hospital insurance? Yes No

If so, please indicate: Carrier _____ Policy/Group# _____

Operations or serious injuries (dates): _____

Chronic or recurring illness/medical condition: _____

Dietary Restrictions: _____

Allergies (e.g. food, drug, plant, insect, etc.): _____

Current Medications: _____

Please indicate with a check (and dates if appropriate) if your child has experienced any of the following:

Frequent ear infections Heart Condition/Disease Seizures/Epilepsy Diabetes

Asthma Bleeding/Clotting Disorders Hypertension Mononucleosis Lyme Disease

Has your child had any of the following diseases (please give dates)

_____ Chicken Pox _____ Measles _____ German Measles _____ Mumps

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent/guardian _____ Date _____

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that World Ice Arena, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in any and all World Ice Arena programming at any time preceding, during or after program is in session and I hereby discharge World Ice Arena, its agents and employees from all actions, claims, and demands I or my child may have for such injury or damage. I authorize that World Ice Arena has the right to use all photographs or videos taken of my child during programming for advertising or promotional purposes.

Signature of parent/guardian _____ Date _____

Stop by during Public Session hours to register OR Fax completed form to us at 718-760-9008.