## **CAMP APPLICATION**

Name: _			Age:
Address	ss:	_ City:	Zip:
Phone: _	·		
Emerger	ency Contact: Phone: _		(cell/home/work)
	ASSUMPTION AND ACKNOWLEDGEMENT OF RISK	S AND RELEASI	E OF LIABILITY AGREEMENT
Conside	ideration of being instructed and/or coached for ice skating in		
	events and activities, the undersigned		
1. 2.	, ,	unknown even if	arising from negligence of the releases or
3.	3. I willingly agree to comply with the state customary term	ns and conditions	for the participant; however, if I observe
	any unusual or significant hazard during my presence or participation, I will immediately notify the nearest official of any such hazard.		
4.	I for myself and on my behalf of my heirs, assigns, persona	al representative	
and hold harmless Florida Ice Arena Inc., its officers, officials, agents and/or employees, other			
	sponsoring, agencies, sponsor, advertisers and if applicable		•
	("Releases") with respect to any and all injury, disability, arising from the negligence of the releasers or o		
I have i	e read this release of liability and assumption of risk ag		
	at I have given up substantial rights by signing it and I		
<u></u>			
Student	nt:	Age:	Date:
	of kin. I release and agree to indemnify and hold harmless the involvement or participation in these programs as provided a the fullest permitted.	above, even if aris	
	Parent/Guardian		Emergency Phone #
	<u>Please Circ</u>	<u>cle</u>	
	Weekly Full Day Camp 8:30AM – 3:00PM or	Weekly Half Da	y Camp 8:30AM – 12:30PM
	Full Day 8:30AM – 3:00PM or Ha	alf Day 8:30AM	– 12:30PM
	*Extended hours (supervised aftercare) 3:00PM – (Aftercare is \$10.00 daily if prepaid or	·	
	SorryNo credits or refunds for miss	sed day's	initials
	OFFICE ON	NLY	
Amount	nt Paid: Meth	nod: CASH/CHE	CK/CC Date:
	Date(s) enro	olled:	
	Employee:		