

# PRODIGY SUMMER CAMP 2017

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (please circle) M or F

Mom's Name: \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Permission to text: Yes or No

Dad's Name: \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

Permission to text: Yes or No

Emergency Contact/Pick Up #1 Name: \_\_\_\_\_ & phone # \_\_\_\_\_

Emergency Contact/Pick Up #2 Name: \_\_\_\_\_ & phone # \_\_\_\_\_

Health Problems (allergies/ medications) \_\_\_\_\_

### Waiver & Consent

**To Whom It May Concern:** I, the undersigned, the parent or guardian of my son, daughter, or ward, hereby authorize the Staten Island Skating Pavilion or anyone acting on its behalf to seek and acquire the necessary medical aid, care or attention that may be sustained by the aforementioned child and I hereby indemnify and save harmless the Staten Island Skating Pavilion from any and all actions, causes of action, claims and damages, loss or injury, how so ever arising which hereto after may have been sustained. **Risk of Serious Injury:** I understand and appreciate that the risk of injury is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participation, I knowingly assume all such risks, both known and unknown.

**Photo Release** I hereby grant the Staten Island Skating Pavilion permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

**The Pavilion maintains a "NO REFUND" policy, and MAKE UP CLASSES ARE NOT PERMITTED.**

I understand and agree to all of the above.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Payment Record (FOR OFFICE USE ONLY):

<b>WEEK 1</b>								
July 3-7	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 2</b>								
July 10-14	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 3</b>								
July 17-21	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 4</b>								
July 24-28	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 5</b>								
Jul 31- Aug4	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 6</b>								
Aug 7-11	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____
<b>WEEK 7</b>								
Aug 14-18	TOTAL _____	CASH/ Monday	VISA/ Tuesday	MC/ Wednesday	AMEX Thursday	CHECK # _____ Friday	BY _____	DATE _____