

2010 Kidtastic Summer Camp Enrollment - DAILY

Camper Name: _____

Birth date: _____

Shoe Size: _____

Skating Ability:

- Never Skated Before Never taken Lessons but Skates Recreationally
 Has Taken Lessons in the Past Currently Taking Lessons

Registering For:

- Non-Refundable Yearly Registration Fee (ISI Membership Fee)** REQUIRED FOR ALL CAMPERS **\$30**
 Full Day (Open only to Children 7-12 yrs) \$60 Half Day (Open only to Children 4-6 yrs) \$40

Please check the dates you wish this camper to attend.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> June 14	<input type="checkbox"/> June 15	<input type="checkbox"/> June 16	<input type="checkbox"/> June 17	<input type="checkbox"/> June 18
<input type="checkbox"/> June 21	<input type="checkbox"/> June 22	<input type="checkbox"/> June 23	<input type="checkbox"/> June 24	<input type="checkbox"/> June 25
<input type="checkbox"/> June 28	<input type="checkbox"/> June 29	<input type="checkbox"/> June 30	<input type="checkbox"/> July 1	<input type="checkbox"/> July 2
<input type="checkbox"/> July 5 (<u>NO CAMP</u>)	<input type="checkbox"/> July 6	<input type="checkbox"/> July 7	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9
<input type="checkbox"/> July 12	<input type="checkbox"/> July 13	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16
<input type="checkbox"/> July 19	<input type="checkbox"/> July 20	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23
<input type="checkbox"/> July 26	<input type="checkbox"/> July 27	<input type="checkbox"/> July 28	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30
<input type="checkbox"/> August 2	<input type="checkbox"/> August 3	<input type="checkbox"/> August 4	<input type="checkbox"/> August 5	<input type="checkbox"/> August 6

Refund Policy

Should you need to cancel your child's enrollment at Kidtastic please call 661-775-8686 or email the Camp Director at party@icestation.net. **The amount of notice you give in your cancellation will directly affect the refund you receive.** Refunds to cash or check purchases will be issued via check and mailed to your home. Refunds on credit card purchases must be refunded to the card the purchase was made on. Please note that refunds may take up to 4-6 weeks to process.

- If you cancel more than one week prior to the week your child will attend camp we will give a full refund.
- If you cancel within that week prior to camp up to the time your child is scheduled to arrive your refund is subject to a \$10 cancellation fee.
- If you do not notify us that your child will not be attending or if you call us after camp begins you will be refunded for 50% of the enrollment fees.
- In any of these circumstances we can change your child's enrollment to another session at no cost to you provided that session is a minimum of one week away from beginning. Please note that the Registration Fee is not refundable.
- Campers that have attended camp during their session will not be eligible for a refund for any reason. In addition, campers not abiding by camp rules and using not appropriate behavior may be asked to leave camp without a refund.

I have read and understand these refund policies.

Signature of Parent

Parent's Name (please print)

PLEASE FILL OUT ONE FORM PER CAMPER.

Camper's Medical History & Release for Medical and Dental Treatment

Camper Name _____

Dietary Modifications (medical only): _____

Current Medication (send with instructions): _____

CAMPERS REQUIRING MEDICATION DURING CAMP MUST BRING LABELED MEDICATION AND INSTUCTIONS FROM A PHYSICIAN.

Other necessary medical information: _____

Name of Dentist/ Orthodontist: _____ Phone: (_____) _____

Name of Family Physician: _____ Phone: (_____) _____

Recommendations and restrictions while in program: None:

Special Diet: _____

Strenuous Activity: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me on this health form.

The undersigned, and parent or legal guardian of the child registered on this form, hereby authorizes Kidtastic and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code. It is understood that if time and circumstances reasonably permit, Kidtastic will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that Kidtastic and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to Kidtastic in conjunction with any authorized event.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Kidtastic program. The undersigned, and the parent(s) or legal guardian(s) of the above-named person, (the "minor") authorize Kidtastic and its employees, directors, and adult volunteers (collectively "Kidtastic") to consent to any x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the law of the State or other jurisdiction in which dental care is sought.

The undersigned understand and agree that Kidtastic shall not be legally or financially liable for any bill or medical expense incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical care or dental care. The undersigned hereby agree to indemnify, defend and hold Kidtastic harmless from any claim made by or on behalf of minor's heirs or parents or guardian arising out of any medical care or dental care provided.

Please note: Kidtastic does not carry off-ice accident or illness insurance on program participants. All expenses incurred in the treatment of injuries due to accidents or illness in camp will be the responsibility of parent, guardian, or their assigned insurance carrier.

Signed _____ Date: _____

We do Do Not Have family health or medical insurance coverage.

Medical Insurance Company: _____

Policy Number: _____ Expires: _____

PLEASE FILL OUT ONE FORM PER CAMPER.