

COOL KIDS SUMMER CAMP REGISTRATION

Please print and complete all fields Note: You may register 2 children on this form

CAMPER 1: Session: BY THE WEEK - Full Day \$200. By The Day \$50. BY THE HALF DAY - Full Week \$125. Half Day \$30. ALL + TAX

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Cell: _____ Email: _____

Camper Age: _____ Gender: _____ Does the camper have allergies: _____ Yes _____ No

CAMPER 2: Session: BY THE WEEK - Full Day \$200. By The Day \$50. BY THE HALF DAY Full Week \$125. Half Day \$30. ALL + TAX

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Cell: _____ Email: _____

Camper Age: _____ Gender: _____ Does the camper have allergies: _____ Yes _____ No

Describe here: _____

EMERGENCY CONTACT

Emergency contact name: _____

Contact Phone: _____ Relationship to Camper: _____

I hereby give permission for my child/children to participate in THE RINK COOL KIDS SUMMER CAMP. Having read and understood all the information on this form, I allow my child/children to attend this summer 2019.

Parent Signature: _____ Date: _____

Please sign THE RINK waiver on reverse side