



198 State Street, North Haven, CT 06473

203-848-2497

www.havenskatepark.com

## 2010 SUMMER RAMP CAMP

### Registration Form

Camper's full name: \_\_\_\_\_ ( )Skateboard ( )BMX

**BMX camp available for week: 1,3,4,7,8 only. Skate camp available ALL weeks.**

### Pricing:

	1 day	2 days	3 days	4 days	5 days
<b>Reg.Campers</b>	\$60	\$110	\$160	\$205	\$250
<b>Members</b>	\$50	\$100	\$150	\$185	\$230
<b>Sibling- 1</b>	\$40	\$90	\$140	\$185	\$230
<b>Sibling- 2</b>	\$30	\$80	\$130	\$175	\$220
<b>Sibling- 3</b>	\$30	\$80	\$120	\$165	\$200

Week		M	T	W	Th	F	AMOUNT	
<b>1</b>	6/28 through 7/2							<b>Skate bmx</b>
<b>2</b>	7/5 through 7/9							<b>Skate</b>
<b>3</b>	7/12 through 7/16							<b>Skate bmx</b>
<b>4</b>	7/19 through 7/23							<b>Skate bmx</b>
<b>5</b>	7/26 through 7/30							<b>Skate</b>
<b>6</b>	8/2 through 8/6							<b>Skate</b>
<b>7</b>	8/9 through 8/13							<b>Skate bmx</b>
<b>8</b>	8/16 through 8/20							<b>Skate bmx</b>
<b>9</b>	8/23 through 8/27							<b>Skate</b>

**Please check desired dates and fill in the amount below:**

**TOTAL AMOUNT DUE : \$ \_\_\_\_\_**

A small snack will be provided daily. Campers should bring their own lunch or can buy for \$3/day. Aftercare available for an additional \$5 and must be paid when child is picked up. A \$50.00 nonrefundable deposit is required upon registration to hold camper's spot. The tuition must be paid in full by June 18<sup>th</sup> '10. If paying by check, please make check payable to: Haven Skate Park LLC. We accept Visa, Master Card, and American Express in person or over the phone only. Please make sure you keep your schedule. We will only carry over days during that week if any openings are available. Refunds will only be available with a doctor's written note.

## Child Information Sheet

Child's Name (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ ( ) Male ( ) Female  
(check one)

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
Area Code Month Day Year

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
if different from camper

Phone # ( ) \_\_\_\_\_ Bus. Name and Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
if different from camper

Phone # ( ) \_\_\_\_\_ Bus. Name and Phone # \_\_\_\_\_

If there has been a custody decision, please list name, or names, of persons **NOT PERMITTED** to pick up your child from the program. \_\_\_\_\_

Please list two relatives / neighbors / friends who will pick up, if necessary, and assume responsibility for the care of your child in case of an emergency:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Name and Address

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Name and Address

Does your child have any allergies? (Such as penicillin, food, insect bites, other) Yes \_\_\_ NO \_\_\_  
If yes, please explain: \_\_\_\_\_

Does your child take any medication(s)? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

Other medical conditions we should be aware of: \_\_\_\_\_

Please sign only if the registration form has been filled out in its entirety. Incomplete forms cannot be processed.

Date : \_\_\_\_\_ Parent / Legal Guardian Signature \_\_\_\_\_