



2017 CAMP SKYLANDS ENROLLMENT FORM

Please fill individual forms for each camper if enrolling more than one child

CHILD'S NAME: DOB: AGE: TSHIRT SIZE:

ADDRESS: CITY: STATE: ZIP:

PHONE: EMAIL: PARENT'S NAME:

HOW DID YOU HEAR ABOUT CAMP SKYLANDS?

Please circle the weeks and check the days.

If you are doing a 4-week or 10-week buyout please select which weeks and days you will be doing.

- WEEK 1 - JUNE 19 - 23 ---> | M | T | W | T | F |
 - WEEK 2 - JUNE 26 - 30 ---> | M | T | W | T | F |
 - WEEK 3 - JULY 3 - 7 ---> | M | * | W | T | F |
 - WEEK 4 - JULY 10 - 14 ---> | M | T | W | T | F |
 - WEEK 5 - JULY 17 - 21 ---> | M | T | W | T | F |
 - WEEK 6 - JULY 24 - 28 ---> | M | T | W | T | F |
 - WEEK 7 - JULY 31 - AUGUST 4 ---> | M | T | W | T | F |
 - WEEK 8 - AUGUST 7 - 11 ---> | M | T | W | T | F |
 - WEEK 9 - AUGUST 14 - 18 ---> | M | T | W | T | F |
 - WEEK 10 - AUGUST 21 - 25 ---> | M | T | W | T | F |
 - WEEK 11 - AUGUST 28 - SEPT 1 ---> | M | T | W | T | F |
- *NO CAMP ON JULY 4TH**

Payment Information

Registration fee is due upon enrollment. All week payments are due at least one week before the enrolled start date. 4-week buyouts must be paid in full in advance. 11-week buyouts can be split into two payments (one in the beginning at the summer and one in the middle). For Payment plan option, all payments will be made according to the dates and credit card listed below. The total balance due is to be paid in full no later than the last Monday of the last week of camp. All remaining balances will be charged to the credit card provided.

PAYMENT PAY IN FULL PAYMENT PLAN

Registration Fee: \$30 + Enrollment Fee = Total Payment _____

Total to be Paid/Charged today: _____

Balance Owed: _____

***There is a 10% discount for full payment on or before June 1, 2017**

PAYMENT PLAN | credit card number required for all plans

WEEKLY BI-WEEKLY MONTHLY

DATE: /	AMOUNT:	DATE: /	AMOUNT:
DATE: /	AMOUNT:	DATE: /	AMOUNT:
DATE: /	AMOUNT:	DATE: /	AMOUNT:
DATE: /	AMOUNT:	DATE: /	AMOUNT:
DATE: /	AMOUNT:	DATE: /	AMOUNT:

CHECK #: CASH: CREDIT CARD #:

CC EXPIRATION: | CVC: SIGNATURE: DATE:



2017 CAMP SKYLANDS PICK-UP AUTHORITY FORM

Child's Information

CHILD'S NAME: DOB: GENDER: MALE FEMALE

ADDRESS: CITY: STATE: ZIP:

GUARDIAN 1 NAME: GUARDIAN 2 NAME:

GUARDIAN 1 PHONE: GUARDIAN 2 PHONE:

Pick-up Authorization

Please name the persons authorized to pick up your child. No other persons will be able to do so without the parent/guardian consent. Must be over 18 years old and have a valid ID. (Do not include yourself.)

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

NAME: PHONE: RELATIONSHIP TO CHILD:

Please notify camp immediately, if changes to this form occur. It will be required that the camp be notified in advance, that an individual not listed above will be picking up your child. This individual will be required to present a government-issued photo ID when picking up your child, as well as a "password" for pick up, please list it below and make sure the person picking up your child is aware.

PASSWORD: SIGNATURE: DATE:



2017 CAMP SKYLANDS PERMISSION FORMS

Ice Skating/Hip Hop/Parisi Speed School Permission

I, _____, give permission for my child, _____ To attend ice skating, Hip Hop and Parisi Speed School as part of Camp Skylands' daily/weekly activities. I/We understand that all reasonable safety precautions will be taken at all times by Camp Skylands and its staff during events and activities. I/We authorize any medical treatment by an accredited on scene EMT or health director necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Camp Skylands, Skylands Ice World, Firland Management, Max Performance USA, Unlimited Martial Arts, its leaders, or employees liable for damages, losses, diseases, or injuries incurred by the subject of this release.

PLEASE CHECK ONE:

- I authorize Skylands Ice World to allow my child to skate without the use of a helmet.
- I require Skylands Ice World to have my child skate with the use of a helmet.

PARENT/GUARDIAN NAME (PLEASE PRINT):

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SIGNATURE:

DATE:

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IN CASE OF AN EMERGENCY, PLEASE PROVIDE THE NAME/NUMBER OF SOMEONE WE CAN CONTACT:

CONTACT NAME:

PHONE NUMBER:

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Field Trip Permission

I, _____, give permission for my child, _____ To attend the following field trip listed below. I grant Camp Skylands permission to transport my child by bus to participate in field trips which are planned as a part of Camp Skylands' weekly activities. I understand if my child does not have permission to attend the scheduled weekly field trip he/she will stay at Camp Skylands and follow the daily schedule with a member of the camp staff. I take responsibility in finding out where my child will be going on each trip. I give Camp Skylands the authority to use their discretion to change the schedule as needed. I assume all responsibility for risks and hazards incidental to participation in Camp Skylands' Field Trip Days. I assume all responsibility for the behavior of my child and grant Camp Skylands permission to discipline my child for misbehavior based on the Camp Skylands' staff discretion. I do not hold Camp Skylands or Firland Management or any of their personnel responsible for any injuries or accidents of any kind, or loss of personal property. I grant my permission to Camp Skylands Camp Co-Directors to authorize and obtain medical care in case of emergency when either parent or guardian can not be contacted to grant authorization for emergency treatment.

PARENT/GUARDIAN SIGNATURE:

DATE:

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FIELD TRIPS:

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