

FAIRMAN'S Skate Shop  
Skateboarding Day Camp Program at West Goshen Township  
Official Registration Form

Please check the week of weeks you would like to attend:

\_\_\_\_\_ Session #1 for Ages 8-12; Monday – Friday, June 22 – 26, 2015  
Registration deadline: June 12, 2015

\_\_\_\_\_ Session #2 for Ages 8-12; Monday – Friday, July 13 – 17, 2015  
Registration deadline: July 3, 2015

\_\_\_\_\_ Session #3 for Ages 8-12; Monday – Friday, August 17 – 21, 2015  
Registration deadline: August 7, 2015

JUST ADDED!

\_\_\_\_\_ Session #4 for Ages 10-14; Monday – Friday, July 27 – 31, 2015  
Registration deadline: July 17, 2015

Camper's Name: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

\_\_\_\_\_

Camper's date of birth: \_\_\_\_\_ (Must meet the age requirement as of the first day of camp)

West Goshen Twp. Resident? \_\_\_\_\_

Camper's Tee Shirt Size: (please circle)

Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult S Adult M Adult L Adult XL

Parent/Legal Guardian's name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Parent/Legal Guardian's Address (or same): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian's home phone number: \_\_\_\_\_

Parent/Legal Guardian's daytime/mobile number: \_\_\_\_\_

Parent/Legal Guardian's email address: \_\_\_\_\_

Alternate email address: \_\_\_\_\_

Alternate Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication required: \_\_\_\_\_

Bee sting, Food, or Medicine Allergies: \_\_\_\_\_

If yes to any of the above, please provide labeled emergency medicine and procedure for administration.

**In addition to myself, I give permission for the son/daughter to be released to the following people at the conclusion of camp each day, after presenting photo identification:**

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

## **AGREEMENT FOR WAIVER, RELEASE, INDEMNIFICATION & ASSUMPTION OF RISKS**

I, the undersigned, declare that I am the parent or legal guardian of the minor child named on this form.

I hereby agree and understand that participation in the West Goshen Township Skateboarding Summer Day Camp administered by ThelmaJune, Inc, dba Fairman's Skate Shop (The Camp) poses certain potential risks. I accept this fact, and agree that my child's participation in The Camp is done with my full knowledge. I understand that The Camp and/or their employees, agents, management, sponsors and volunteers are not responsible for any injury that my child might incur as a result of participating in The Camp.

I acknowledge and understand that skateboarding is a hazardous and dangerous activity that requires strenuous exercise and various degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property. I also understand that these risks, hazards and dangers are further increased when other persons, whether of the same level of experience or skill or not, are using the same facilities. I am aware of the risks, hazards and dangers of personal injury, death and disability inherent in viewing and/or participating in any skateboarding event; and that while The Camp will be supervised by ThelmaJune, Inc. dba Fairman's Skate Shop staff, there is a possibility of risk and injury. I VOLUNTARILY ASSUME SUCH RISKS.

I represent that my child is in sufficiently good physical condition to participate in the programs and activities of The Camp without jeopardizing his/her health. I understand that I have given up substantial rights by signing this waiver and release, and sign it voluntarily. This waiver/release also binds my heirs and assignees.

I understand, consent to and authorize, in advance, the use of my child's name, voice, picture, or other likeness, in combination of alone, in any broadcast, telecast, advertising, promotion, or other account of The Camp. I hereby irrevocably grant to ThelmaJune, Inc. dba Fairman's Skate Shop the right to photograph and or/record on film, video and/or audio my minor child's likeness, and further grant ThelmaJune, Inc. dba Fairman's Skate Shop a perpetual, royalty-free license to use the likeness (and any simulation, alteration or reproduction thereof) in connection with advertising, marketing, products, packaging or other uses without compensation and without restriction as to duration, geography, media or frequency.

## **AUTHORIZATION TO TREAT A MINOR AND/OR RELEASE OF PATIENT'S RECORDS**

1) I, the undersigned, do hereby authorize any hospital, physician, or other person who has attended to or examined my child to furnish ThelmaJune, Inc. dba Fairman's Skate Shop or its representatives, any and all information with respect to any illness, injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records upon request. A photo of this authorization shall be considered as effective and valid as the original.

2) I authorize the consent to any x-ray examination, laboratory procedure, anesthetic, medical, or surgical diagnosis and treatment which is deemed advisable by general medical staff or emergency room personnel under the provisions of the State of Pennsylvania, Department of Public Health.

3) I understand that an effort shall be made to contact me prior to rendering treatment to be the patient, but that any of the above treatment will not be withheld if I can not be reached.

4) It is understood that the person presenting this authorization is acting as my agent and will not be held liable for treatment(s) and other services rendered.

5) I accept full financial responsibility for all medical treatment(s) and services rendered to my child.

I hereby certify that I am over 18 years of age. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask questions regarding this Agreement and effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

Camper's Name: \_\_\_\_\_

Parent or Guardian's Name (print): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Each session = \$175.00 (\$165.00 for residents of West Goshen Township). A separate registration form must be completed for each camper in the family; however, a single check may be issued for the total fees for all family members. Make check payable to West Goshen Township and mail to:

West Goshen Township Parks & Recreation Department  
Skateboard Day Camp  
1025 Paoli Pike  
West Chester, PA 19380