



SportQuest Skating Academy
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SQSA 2010 Skating Arts Camp Registration Form

Please Print: Date of Registration _____

Skater's Name _____ Age at Camp _____ Birth Date: _____ Boy ___ Girl ___

Address _____ City _____ State _____ Zip _____

Phone # _____ E-Mail _____

I am a new skater _____ I am currently in _____ ISI level I am currently in _____ USFS level (fill in blanks when applicable)

I currently skate at _____ rink (if applicable)

Parent's Name: _____ Work # _____ Cell # _____

Parent's Name: _____ Work # _____ Cell # _____

Emergency Contact: _____ Phone# _____

Insurance Carrier and Policy # _____

How did you hear about SQSA summer camp? _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to SQSA Skate Camp to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp staff to secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that SQSA does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that SQSA reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: No refunds will be given for canceling within 14 days of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to personal commitments. Account balances are due By July 12, 9am.

I understand that my child skates at this camp at his / her own risk and I hereby release ISI, USFS, PSA, the host facility, and their officers, directors, instructors, and personnel from all liability. I declare the above information is true.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent/guardian: _____ Date: _____

2010 SQSA Summer Camp Period is July 12 – July 16