



198 State Street, North Haven, CT 06473

203-848-2497

www.havenskatepark.com

2009 SUMMER RAMP CAMP

Registration Form

Camper's full name: _____ ()Skateboard ()BMX

BMX camp available for week: 1,3,5,7,9 only. Skate camp available ALL weeks.

Pricing:

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

Please check desired dates and fill in the amount below:

Week		M	T	W	Th	F	AMOUNT		
1	6/22 through 6/26							Skate	bmx
2	6/29 through 7/3							Skate	
3	7/6 through 7/10							Skate	bmx
4	7/13 through 7/17							Skate	
5	7/20 through 7/24							Skate	bmx
6	7/27 through 7/31							Skate	
7	8/3 through 8/7							Skate	bmx
8	8/10 through 8/14							Skate	
9	8/17 through 8/21							Skate	bmx

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 May 30th '09. 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 _____