



FORT DUPONT ICE ARENA
 3779 Ely Place, SE Washington, DC 20019 Tel: 202-584-5007



2010 Spring I.C.E. Camp REGISTRATION FORM

(Please: Print clearly; Completely fill out form; Sign reverse side; Use a separate form for each family)

Child's name _____ F | M Age ____ Grade ____ School _____

Child's name _____ F | M Age ____ Grade ____ School _____

Child's name _____ F | M Age ____ Grade ____ School _____

Parent(s)/Legal Guardian(s) _____

E-mail(s) _____

Phone (H) _____ (W) _____ (Cell) _____

Address _____

City _____ State _____ Zip code _____

Emergency Contact _____ Relationship to Child _____ Phone(s) _____

☛ Does the child(ren) have any serious health concerns or medicine/food allergies? (If "yes," please explain.)

☛ What is your child(ren)'s level of ice and inline skating experience? (eg. None, Beginner, Intermediate, Advanced)

☛ Is there anything else you would like us to know about your child(ren) that might affect their ICE Camp experience?

WEEKLY FEE: \$150 per child. Before / After Care are each available for an additional \$25 per child.
 A non-refundable, transferable \$50.00 deposit per child, applied toward ICE Camp fee, is required at registration.
 Balance must be paid before start date. Fee includes skates, safety equipment, snack, supplies. [Lunch not included]

WE ARE REGISTERING FOR (indicate # of children*): _____ **Spring I.C.E. Camp at FDIA (9am-3pm)**
 _____ **Before Care (8-9am)** _____ **After Care (3-5pm)**

PAYMENT: Fee \$ _____ x # of children _____ x # of weeks _____ Amount paid (w/registration) \$ _____
(fee = camp + before/after) Balance due \$ _____

Visa and Master Card accepted. Make checks payable to **Fort Dupont Ice Arena**. **Return with payment** in person, by fax (202-584-5008), or by mail to FDIA, 3779 Ely Place, S.E., Washington, DC 20019.

Please check form of payment: ___ Cash ___ Check ___ Visa ___ MasterCard

Credit card # _____ Expiration date _____

Cardholder's signature _____ Date _____

PARENT OR GUARDIAN SIGNATURE REQUIRED ON REVERSE SIDE. WE CANNOT PROCESS THIS REGISTRATION FORM WITHOUT A SIGNATURE AND ACCURATE INFORMATION REQUESTED ABOVE.



Help Send a Kid to Camp: Support the I.C.E. Camp Scholarship Fund

As part of Fort Dupont's ongoing commitment to providing affordable programs, we have established a need-based camp scholarship fund. Your individual or corporate tax-deductible contribution to Fort Dupont Ice Arena, a 501(c)3 non-profit organization, will help make the camp accessible to a deserving family. Please consider making a donation!

___\$25 ___\$50 ___\$100 ___Other amount: \$_____

Major credit cards accepted. Please make checks payable to Friends of Fort Dupont Ice Arena.

Please check form of payment: ___ Cash ___ Check ___ Visa ___ MasterCard

Name of Individual or Corporate Donor _____

Credit card # _____ Expiration date _____

Cardholder's signature _____ Date _____

Waiver of Liability

I certify that I am the person named below or the authorized parent or guardian of the child named below. I hereby agree to waive liability and hereby release any and all claims against Friends of Fort Dupont Ice Arena, its officers, employees and agents for injuries and damages of any nature whatsoever suffered by myself (and/or my child 18 years old or under, on whose behalf I am signing), during programs at the Facility or while at the Facility for any reason, whether on or off the ice surface and no matter whether arising in tort, contract or otherwise. If Friends of Fort Dupont Ice Arena is found liable for injuries or damages, I agree that my sole and exclusive remedy will be against Friends of Fort Dupont Ice Arena and not against any individual, regardless of fault. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and for my child's participation in these activities. I have read the Rules of the Friends of Fort Dupont Ice Arena (posted next to the Skate Shop) and will abide by them. I have explained the Rules to my child, and will cause my child to abide by them. I agree that the staff of the Friends of Fort Dupont Ice Arena may require withdrawal from any session of any skater who violates the Rules.

Photo Release

I hereby authorize Friends of Fort Dupont Ice Arena (FDIA) and Inner City Excellence (ICE) to take and keep or publish photographs, digital images or other images (including, but not limited to video) of me or my child, and our names, for use in FDIA and/or ICE printed publications and web sites. I acknowledge that because my participation is voluntary, I will receive no financial compensation from the taking, publication, use or retention of the photographs or images, no matter in what form. I further agree that my participation in any publication or web site produced by FDIA and or ICE confers upon me no rights of ownership whatsoever, nor any rights in copyright, publicity, privacy or otherwise. I release FDIA and ICE and its employees, officers and directors from any liability for any claims by me or any third party in connection with my participation.

PLEASE NOTE:

A paren/legal guardian MUST sign this form. We do not accept forms signed by neighbors or family friends.

Print Parent/Legal Guardian's Name

Date Signed

Parent/Legal Guardian's Signature