

FAIRMAN'S Skate, Snow & Surf Shop's 2010 Summer Skateboarding Day Camp Program: Session #3

Location: Skatepark at West Goshen Township's Robert E. Lambert Park
Rte 100 (Pottstown Pike), West Chester, PA 19380

Camp Dates: Monday – Friday, August 16 – 20, 2010

Time of operation: Daily from 9:00am – 12:00 Noon. During these hours, the skatepark will be closed to the general public. Only registered campers will have access to the facility.

Age requirements: Campers must be between **ages 6 and 12 years old** on first day of camp.

Cost: \$110.00 per camper. **(\$120.00 for non-residents of West Goshen Township.)**
\$100.00 for each additional camper from the same family. Non-refundable payment in full is due by August 6, 2010. All campers will receive a commemorative tee shirt.
Checks should be made payable to West Goshen Township.

Registration: Completed registration form should be mailed to:
West Goshen Township Parks & Recreation Department,
Skateboard Day Camp – Week #3, 1025 Paoli Pike, West Chester, PA 19380

Cancellation: If an insufficient number of campers are registered and paid as of August 6, 2010; we reserve the right to cancel the program and registration fees will be promptly refunded.

Arrival and departure: Counselors will be on duty to supervise camper drop off and pick up from 8:45am - 12:15pm. Campers will only be released to adults whose names are listed on the registration form and who provide photo identification. The head counselor must be notified one day in advance of any change to the list. There will be a late pickup fee of \$10.00 per half hour.

Campers are not permitted to leave the skatepark or adjacent pavilion area at any time during the session unless accompanied by a counselor or their parent who has notified the head counselor.

Equipment: Each camper must supply their own skateboard and safety equipment. Helmet, knee pads and elbow pads are required for all campers at all times while skating.

Save 20% on all protective gear at FAIRMAN'S Skate Shop with your paid registration!

Food: A 15 – 20 minute break will be incorporated into each day. Water will be provided. Campers are encouraged to bring their own drinks or snacks/lunch – clearly marked with their name. Refrigeration is available.

Camp counselors: All counselors/instructors are employees or affiliates of FAIRMAN'S, Inc. only. Counselors are age 18 or older. Most are college students. Junior counselors are age 15 or older. All are advanced skateboarders who have experience with instruction. All counselors have cleared a PA State Police criminal background check. We will strive to maintain a camper to counselor ratio of 8 to 1.

First Aid: The Skatepark building has basic first-aid supplies. In case of emergency, we will call 911 and the contact name(s) listed on the registration form.

In case of rain: Camp **will** be held on the premises. Skateboarding will not be permitted inside the building; however, counselors will supervise other activities and also show age-appropriate skateboarding related videos.

Questions or additional information: Call Mr. or Mrs. Fairman at FAIRMAN'S Skate, Snow & Surf Shop, 43 West Gay Street, West Chester, PA 19380; 610-344-9959 or visit www.fairmans.com.

FAIRMAN'S Skate, Snow & Surf Shop's Skateboarding Day Camp Program at West Goshen Twp. Session #3 August 16 – 20, 2010 Official Registration Form

Camper's name: _____

Camper's address: _____

Camper's date of birth: _____ 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 telephone number: _____

Parent/Legal Guardian's work telephone number: _____

Parent/Legal Guardian's cell phone number: _____

Parent/Legal Guardian's e-mail address: _____

Alternate Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance Carrier and Policy Number: _____

Most Recent Tetanus Vaccine Date: _____

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 my 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: _____

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 Fairman's, Inc. (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 Fairman's, Inc. staff, there is a possibility and risk of 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 or alone, in any broadcast, telecast, print medium, advertising, promotion, or other account of The Camp. I hereby irrevocably grant to Fairman's, Inc. the right to photograph and/or record on film, video and/or audio my minor child's likeness, and further grant Fairman's, Inc. 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 Fairman's, Inc. 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 copy 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 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 the 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: _____

Signature: _____ Date: _____

Registration form and fee due by August 6, 2010. First child = \$110.00. (\$120.00 for non-residents of West Goshen Township.) Each additional sibling = \$100.00. 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 – Week #3
1025 Paoli Pike
West Chester, PA 19380**