

Pleasant Prairie Ice Cool Skate Camp Waiver & Emergency Treatment Release Form

Authorized Pick-Up

Please do not be offended if we ask for identification from you or others who pick-up your child.
This is for the safety of all children in Ice Cool Skate Camp.

The following are authorized to pick-up my child:

Name	Relationship	Daytime Phone #:

The following are NOT authorized to pick-up my child:

Name	Relationship	Daytime Phone #:

Emergency Treatment Form

I, _____, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment (parents are responsible for all medical expenses incurred), which in his or her judgment may be deemed necessary in the care of:

Skaters Name _____ Date of Birth _____

Physician's Name _____ Physician's Phone Number _____

Allergies _____

Current Medications (if applicable please request medication form) _____

Outstanding Medical History _____

Insurance Company _____ Membership Number _____

Parent or Guardian's Signature (if under 18) _____ Date _____

Release and Indemnification

Publicity: Periodically photographs and videos are taken of the Ice Cool Skate Camp participants. They are used for newspaper stories, educational purposes or for RecPlex/Ice Arena publications. I hereby grant permission to RecPlex/Ice Arena to use any/all photos or video taken at such times. _____ (initial)

Liability: I do hereby agree to hold free from any and all liability the Village of Pleasant Prairie including RecPlex and Ice Arena and its officers, employees and administrators, waive, release or forever discharge any and all rights and claims for damages which I may have or which I may accrue to me arising out of or connected with my child's participation in any of the activities. _____ (initial)

Permissions: If my child is transported via our Rescue Squad, please circle the hospital you would want to be transported to:

St. Catherine's Hospital (nearest to RecPlex/Ice Arena)

Aurora Medical Center

Kenosha Hospital

I attest that the health information given is complete and correct and the child has permission to participate at his/her own risk in Ice Cool Skate Camp activities unless notified. I attest that my child's immunizations are current and comply with today's standards. I declare my child to be physically sound, having medical approval to participate in the activities of the Ice Cool Skate Camp. This release form is completed and signed of my own free will and with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I acknowledge that I am releasing my child/ward into the care of the RecPlex/Ice Arena and that the information above will be used to provide the best possible care for him/her. I also acknowledge that the Ice Arena and Ice Cool Skate Camp coaches/staff will make the best choice in terms of care for my child in my place. I also acknowledge that the coaches/staff will encourage my child to reach his/her fullest potential while attending the Ice Cool Skate Camp. I do acknowledge that RecPlex/Ice Arena reserves the right to terminate enrollment if my child's behavior warrants dismissal.

Signature: _____ **Date:** _____