

2010 CAMPS FOR KIDS

Hockey Day Camp Registration Form

PLEASE PRINT IN PEN

Name: _____ Age: _____

Date of Birth: _____ Boy or Girl (circle one)

Name: _____ Age: _____

Date of Birth: _____ Boy or Girl (circle one)

Parent / Guardian: _____

Phone Number: __ (____) _____

Emergency Daytime Phone: __ (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Have you attended Pettit camp(s) before: Yes No

If Yes, which camp(s) and when: _____

CAMP PROGRAM

Fee includes rental skates

Half-Day Session (9:00a.m.-Noon) **\$90**

Full-Day Session (9:00a.m.-4:00p.m.) **\$170**

SPECIAL SKATING LUNCH OFFER

Lunch varies throughout the week and includes:

Palermo's Pizza, Klement's hot dogs, granola bars, chips and drink choices **\$5/day**

PAYMENT METHOD

Total Amount Due: \$ _____

Visa MasterCard

Check (payable to the Pettit National Ice Center)

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

CAMP DATES

Check desired dates for camp

SPRING BREAK CAMP

April 5- April 9

HOCKEY DAY CAMP

June 14- June 18

June 21- June 25

June 28- July 2

July 19- July 24

July 26- July 30

August 23- August 27

August 30- September 3

Camp Info

- Camp fee includes all skate rentals
- Campers are encouraged to bring a helmet, gloves, winter hat and a change of clothes
- Please list any special medications or allergies for campers
- Parents are welcome to view camp at any time

Registrations can be dropped off at the Pettit Center's Main Information Window

Mailed to:

Hockey Day Camp
Pettit National Ice Center
500 S. 84th Street
Milwaukee, WI 53214

Faxed to:

414-266-0122

Waiver of Liability (Please read, then sign and date)

I, the parent/guardian of the individual named above, do hereby agree to indemnify and hold harmless the Pettit National Ice Center and its employees, officers, and agents from and against any and all liability resulting from participation in the activities listed above. I understand that the program in which I am enrolling, like all activity and sports programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individual named herein is in good physical health, appropriate for the activities in which he/she will be participating. I understand that the Pettit National Ice Center does not provide accident insurance. In the event of a medical emergency and I cannot be reached, I authorize The Pettit National Ice Center staff to obtain medical Treatment for my son/daughter/legal ward.

Parent/Guardian Signature: _____ Date: _____

For more information visit www.thepettit.com or call **414-266-0100 x 0**