

Handwriting Summer Camp at Purling Roller Rink



Registration Form 1 August 13-16, 2012



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www.thehandwritinghighway.com

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Child's Name: _____

DOB: _____ Age: _____

Grade Entering in September: _____ School: _____

Handwriting Program Used: _____

Parent/Guardian's Name: _____

Phone: Home: _____ Cell: _____

Email: _____

Address: _____

Emergency Contact and Phone: _____

Relationship to child: _____

Physician Name and Number: _____

Allergies: Yes? _____ No? _____

If yes, please list: _____

Medications: _____

In the event of an injury to my child, I hereby grant permission to *The Handwriting Highway* to obtain any emergency medical treatment they deem necessary in the best interest of my child.

The information above is accurate and correct to the best of my knowledge. I understand that *The Handwriting Highway* accepts no responsibility for medical liability and that I will be billed for any and all medical expenses incurred.

A non-refundable fee of \$100.00 is required by August 9, 2012. This fee is non-transferable. I also agree to pay any additional fees that may result from a returned or invalid check.

Photo Release: I understand that as a participant, my child may be photographed and/or videotaped during classes and these photos/videos may be used in *The Handwriting Highway* promotional/marketing material and /or their website.

(please initial) Yes: _____ No: _____

I understand and acknowledge there are certain inherent risks in participating in classes and activities hosted by *The Handwriting Highway*. The Handwriting Highway shall not be held liable for any damage to personal items such as (but not limited to) clothing, shoes or other personal property caused by paint, glue and any other product used in the class.

I am aware that products used by *The Handwriting Highway* may be considered allergens or irritants to certain people including but not limited to: latex, paints, peanuts, dust particles, clay, playdoh, markers, shaving cream, and chalk. Parents/Guardians have the sole responsibility to inform *The Handwriting Highway* about allergies or medical conditions that would limit the child's participation.

I hereby release, agree to defend, indemnify and hold harmless, *The Handwriting Highway* from any claims, losses or expenses incurred or on behalf of my child, including any and all claims arising from *The Handwriting Highway's* own negligence.



Payment:

Cash: _____

Check: _____

Number: _____

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date