



## HEALTH RECORD FOR CAMP PARTICIPATION

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian

Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Email \_\_\_\_\_

### Second Parent

Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

### Emergency Contact

Home Address \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

### Family Physician

Phone \_\_\_\_\_  
Dentist \_\_\_\_\_  
Phone \_\_\_\_\_

### Health Insurance

Is the camper covered by the family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_

### Participation Requests or Limitations

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter participation.  
Information regarding medications can be found on the following page.

Activity Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Treatments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immunizations:**

Are immunizations complete and up-to-date prior to camp entrance: Yes \_\_\_\_\_ No \_\_\_\_\_

	YES	NO	Has the camper had any....
1	_____	_____	Chronic or recurrent illness
2	_____	_____	Illness lasting over one week
3	_____	_____	Missing organs
4	_____	_____	Orthopedic injury/abnormality
5	_____	_____	Problems with heart or blood pressure
6	_____	_____	Chest pain with exercise
7	_____	_____	Dizziness or fainting with exercise
8	_____	_____	Frequent headaches
9	_____	_____	Convulsions
10	_____	_____	Concussions or unconsciousness
11	_____	_____	Heat exhaustion, heat stroke, or other problems with heat.

	YES	NO	Does camper...
1	_____	_____	Wear glasses/contacts
2	_____	_____	Wear dental braces/appliances
3	_____	_____	Take regular medication
4	_____	_____	Have environmental allergies
5	_____	_____	Have insect allergies
6	_____	_____	Have asthma or recurrent respiratory illness
7	_____	_____	Have intolerance to strenuous exercise
8	_____	_____	Have emotional/behavioral imbalances

Use this space to explain any "Yes" answers above or provide any additional information

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**EMERGENCY AUTHORIZATION**

I hereby give my permission to the personnel selected by the camp director to order routine treatment for my child and in the event that I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## PLEASE READ CAREFULLY

### Waiver and Release of Liability

Cary Ice House, LLC (dba Polar Ice Cary)  
Garner Ice House, LLC (dba Polar Ice Garner)  
NC Iceplex, LLC (dba Polar Ice Raleigh)  
Sports Factory, LLC (dba Polar Ice Wake Forest)  
Wilmington Ice House LLC (dba Polar Ice Wilmington)

**REFUNDS: There will be no refunds given. Customers may be granted credit for programs and services that the facility is unable to provide.**

In consideration of being allowed to participate in any way in any ice skating, ice hockey, broomball, soccer, lacrosse, or related events and activities of; Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; Wilmington Ice House LLC; and Wake Competition Center, LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in all the activities at this facility including ice skating, ice hockey, broomball, soccer, lacrosse, or related events EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation in ice skating, ice hockey, broomball, soccer, lacrosse, and other related activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns personal, representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; Wilmington Ice House LLC; and Wake Competition Center, LLC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Furthermore, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads from person-to-person contact. Cary Ice House, LLC; Garner Ice House, LLC; NC Ice Plex, LLC; Sports Factory, LLC; Wilmington Ice House LLC; and Wake Competition Center, LLC has put in place preventative measures to reduce the spread of communicable diseases; however, we cannot guarantee that you or your child(ren) will not become infected while attending our facilities. While we've implemented reasonable preventive measures, we depend on each and every visitor and their families to follow the guidelines from the Center of Disease Control, and all applicable federal, state, and local health department guidelines, rules, laws, and regulations before and while visiting our premises. We are all in this together and rely on each other to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully understands and acknowledges both the known and potential dangers of utilizing our facilities, services, and programs and acknowledge that use thereof by the undersigned and/or such participating children may, despite our reasonable best efforts to mitigate such dangers, result in exposure to communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.



**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_



## **PHOTO RELEASE FORM**

***Please check just one.***

☐ I hereby **GRANT** permission to Cary Ice House, LLC (dba Polar Ice Cary), Garner Ice House, LLC (dba Polar Ice Garner), NC Iceplex, LLC (dba Polar Ice Raleigh), Sports Factory, LLC (dba Polar Ice Wake Forest), Wilmington Ice House, LLC (dba Polar Ice Wilmington) and Wake Competition Center, LLC (dba Polar Ice WCC) to use pictures/videos taken at camp in which myself/or my child may appear in publications, news releases, online, and in other communications related to the mission of the company.

☐ I **DENY** permission to Cary Ice House, LLC (dba Polar Ice Cary), Garner Ice House, LLC (dba Polar Ice Garner), NC Iceplex, LLC (dba Polar Ice Raleigh), Sports Factory, LLC (dba Polar Ice Wake Forest), Wilmington Ice House, LLC (dba Polar Ice Wilmington) and Wake Competition Center, LLC (dba Polar Ice WCC) to use pictures/videos taken at camp in which myself/or my child may appear in publications, news releases, online, and in other communications related to the mission of the company.

Camper's Name: \_\_\_\_\_

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

Date Signed: \_\_\_\_\_



## Camper Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

- ☐ Track 1
- ☐ Track 2
- ☐ Track 3
- ☐ Track 4
- ☐ Traditional
- ☐ Modified
- ☐ Other

### Skating Info:

- ☐ Figure Skating
- ☐ Hockey

### Experience:

- ☐ Beginning (needs a lot of assistance)
- ☐ Intermediate (can skate but needs some help)
- ☐ Experience (able to skate completely on their own)

Anything else the counselors should know about your camper?

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## **AUTHORIZED PICK-UP LIST**

The people listed below have my authorization to pick up my child from the program. I will inform the Camp Director each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at camp. If an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual as we must have written documentation to release the child.

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please Print:

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Name	Relation to Child	Phone (Home, Work, Cell)
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Name	Relation to Child	Phone (Home, Work, Cell)
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Name	Relation to Child	Phone (Home, Work, Cell)
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