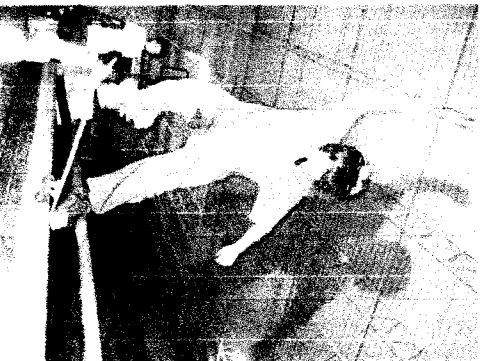


Camp Fees Include:

- Group instruction from Cream City Skate Staff, structured camp activities.
- Lunch each day
- Free skate session for the rest of each camp day
- Cream City draw string back pack
*while supplies last
- Prizes awarded for
Most Improved, Most Positive, Best new trick of the week
- Arts and Crafts projects and supplies



creamcityskatepark.com
262-790-9675



SKATE CAMP

4 Weeks of Camp from
June 23-Aug 6
Ages 7 to 17
REGISTER NOW!!!

Cream City Skatepark
5560 N. Park Drive
Butler, WI 53007
262-790-9675

Creamcityskatepark.com



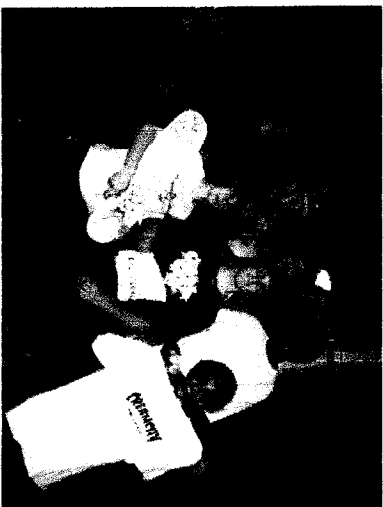
Join the fun at Cream City's second annual summer skate camp. Cream City Skatepark will offer 4, 3 day long sessions of summer skate camp! Cream City Skate Camp is designed for skaters of all abilities from ages 7 to 17. Camp will be run by the cream team and special guests! Sign up for one week or all six!

CREAM CITY SKATE CAMP SCHEDULE

Camp will run from 9:00am until 12:00pm, Tuesday, Wednesday and Thursday. During that time skaters will participate in:

- Instructional skate time
- Skate history/Trivia
- Ramp Basics
- Skateboard Maintenance
- Arts and crafts
- Games, Skate videos and more

Lunch will be included at noon. Camp skaters skate FREE for remainder of each camp day!



Week 1	June 23-25
Week 2	July 7-9
Week 3	July 21-23
Week 4	Aug. 4-6

SKATE CAMP FEES

free cream city drawstring back pack for all campers

*while supplies last

Non Members

- \$110 first week
- \$100 each additional week

Members

- \$95 first week
- \$85 each additional week

Family discount

- \$10 off per week from 2, 3, sibling ...

Camps need a minimum of 5 skaters to run. Registration will close the Friday before the following week's camp. Full refunds will be given if camp does not run.

creamcityskatepark.com

creamcityskatepark@gmail.com

Cream City Skate Camp Registration Form 2009



Date Received _____

Campers' Name _____ Birthday ____/____/____ M / F
 Address _____
 City _____ State ____ Zip _____ Home Phone _____
 Mother's Name _____ Employer _____ Wk Phone _____
 Father's Name _____ Employer _____ Wk Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Email Address(es) _____
 Emergency Contact _____ Phone _____ - _____ - _____
 Names of those authorized to pick up your child from camp: _____

 Does your child have any medical or physical limitations? (if yes, please explain below)

 Food Allergies? _____
 Is child currently taking medication? If so, what? _____

Please X weeks you will be at- tending.	Week 1 June 23-25	Week 2 July 7-9	Week 3 July 21-23	Week 4 Aug 4-6
Tuesday- Thursday				

This box for office use only.

Camp Authorization:

Liability Waiver and Indemnity Agreement. As conditions of the participation of the student described above ("my child") in any of the programs conducted by Cream City Skatepark including but not limited to Skateboarding, basketball, dodgeball, arts and crafts, out-door activities, and camp events, whether conducted on or off the premises of Cream City Skatepark, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against Cream City Skatepark, its officers, directors, shareholders, employees, agents and insurers (collectively, "Cream City"), and any owners or lessors of the premises and any equipment used in connection with any programs of Cream City Skatepark, arising out of our child's participation in any of the programs of Cream City Skatepark whether on or off Cream City Skatepark premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Cream City Skatepark.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify Cream City Skatepark for its liability including all costs, fees, and expenses incurred by Cream City Skatepark in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any Cream City Skatepark promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Agreement to Pay: I agree to pay the full week's tuition. I understand that there are no credits or refunds for missed or cancelled classes.

Acceptance of Rules and Policies: I have read and understand Cream City Skatepark rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

Signature _____ Date _____

Checks payable to: Cream City Skatepark

Camp Authorization:

CC: VISA, MC, DISC _____ - _____ - _____ Exp. ____/____ Code: _____