

# Registration Form

## BATH SKATEPARK CENTER

### *SKATER INFORMATION* (use this section if 18 yrs or older - print legibly)

|                       |                                      |
|-----------------------|--------------------------------------|
| FIRST NAME _____      | LAST NAME _____                      |
| MAILING ADDRESS _____ |                                      |
| CITY _____            | STATE _____ ZIP _____                |
| HOME PHONE _____      | Birth Date: _____                    |
| WORK PHONE _____      | Gender: _____                        |
| CELL PHONE _____      | Medical Info: (allergies etc): _____ |

### *PRIMARY Guardian / Parent information* (if skater is under 18 yrs old)

|   |                       |
|---|-----------------------|
| FIRST NAME _____                                | LAST NAME _____       |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ |                       |
| CITY _____                                      | STATE _____ ZIP _____ |
| HOME PHONE _____                                |                       |
| WORK PHONE _____                                | EXT _____             |
| CELL PHONE _____                                |                       |

### *Emergency Contact Information (other than Home phone#)*

|               |                |
|---------------|----------------|
| NAME _____    |                |
| PHONE # _____ | RELATION _____ |

### Enter your child/dependent info here:

| <u>Skater / Biker Name</u> | Birth Date | Gender | Medical Info<br>(Allergies i.e. ibuprofen) |
|----------------------------|------------|--------|--|
|                            |            |        |  |
|                            |            |        |  |
|                            |            |        |  |
|                            |            |        |  |
|                            |            |        |  |

Email: \_\_\_\_\_