

# 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 (Allergies i.e. ibuprofen)

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