

\_\_\_\_\_  
\_\_\_\_\_

# Bath Skatepark & Teen Center Registration Form

## Youth/Skater/Biker Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Allergies or Medical Conditions: \_\_\_\_\_

## Parent or Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Emergency Contact (Other than Parents or Guardians)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship to Youth/Skater/Biker: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Relationship to Youth/Skater/Biker: \_\_\_\_\_

## Additional Youth/Skater/Biker Information (siblings)

Name	DOB	School/Grade	Allergies/Medical