

**SAN FRANCISCO SKATE CLUB SATURDAY SKATE PROGRAM  
CONTACT/MEDICAL INFORMATION AND RELEASE FORM**

PARTICIPANT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ALTERNATE # \_\_\_\_\_ EMAIL \_\_\_\_\_

SKATEBOARDING ABILITY LEVEL (Check one):

Beginner \_\_\_\_\_ Advanced Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

ALLERGIES AND/OR CURRENT MEDICATIONS \_\_\_\_\_

EMERGENCY CONTACTS (Please be sure friend or relative is available and knows what to do in case of emergency.)

FRIEND/RELATIVE NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY# \_\_\_\_\_

WHICH SESSION(S) WOULD YOU LIKE TO ENROLL IN?

SESSION 1

SESSION 2

SESSION 3

SESSION 4

I hereby authorize *San Francisco Skate Club* to seek medical attention for my child and give permission to the physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child, as named above according to the medical standards and expertise then and there available whether known or unknown. In case of any emergency the parent/guardian will be contacted first, if at all possible.

I also understand the *San Francisco Skate Club* retains the right to use for publicity and advertising purposes, photographs and video footage of campers taken at camp sessions.

X \_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Please make check payable to *San Francisco Skate Club* and enclose full payment and mail form to:  
San Francisco Skate Club - 635A Divisadero St. San Francisco, CA 94117.