



... because skateboarding empowers youth, inspires creativity, and builds community. Grab your board, and roll with us!

**CONTACT/MEDICAL INFORMATION AND RELEASE FORM**

CAMPER'S NAME \_\_\_\_\_  
DOB \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PARENT/GUARDIAN #1 \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_  
PARENT/GUARDIAN#2 \_\_\_\_\_  
PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

SKATEBOARDING ABILITY LEVEL (Check one):  
Beginner \_\_\_\_\_ Advanced Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced  
Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

EMERGENCY CONTACT  
(Please inform friend or relative that s/he is listed.)  
FRIEND/RELATIVE NAME'S \_\_\_\_\_  
PHONE # \_\_\_\_\_  
DOCTOR'S NAME \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_  
POLICY# \_\_\_\_\_  
ALLERGIES AND/OR CURRENT MEDICATIONS \_\_\_\_\_  
\_\_\_\_\_

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

- SESSION 1** (JUNE 13 - JULY 1) COST: \$1400
  - SESSION 2** (JULY 5 - JULY 22) COST: \$1300
  - SESSION 3** (JULY 25 – AUG 12) COST: \$1400
- (3 week minimum as mandated by San Francisco Department of Health)

*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)

