

**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: 9/15, 9/29, 10/13, 10/27

SESSION 2: 11/3, 11/17, 12/1, 12/15

SESSION 3: 1/2, 1/26, 2/9, 2/23

SESSION 4: 3/9, 3/22, 4/6, 4/20

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.