

Contact Information

Skater's Name

Allergies (Food and/or Medication): _____

Parent(s)/Guardians(s):

Name:	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contacts (in case a parent or guardian cannot be reached)

Name:	Relationship	Home Phone	Alternate Phone
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY TREATMENT CONSENT:

I hereby give my permission for my son/daughter _____ to receive medical attention and/or treatment as deemed necessary by an active medical professional in case of emergency.

Signature

July 1, 2011 – June 30, 2012