



... 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 _____

ALLERGIES AND/OR CURRENT MEDICATIONS _____

EMERGENCY CONTACT (Please inform friend or relative that s/he is listed.)

FRIEND/RELATIVE NAME'S _____ PHONE # _____

DOCTOR'S NAME _____ PHONE # _____

INSURANCE COMPANY _____ POLICY# _____

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

☐ SESSION 1 (JUNE 15 - JUNE 26)

☐ SESSION 2 (JUNE 29 - JULY 10)

☐ SESSION 3 (JULY 20 - JULY 31)

☐ SESSION 4 (AUGUST 3 - AUGUST 14)

TEENS CAMP:

☐ SESSION 1 (JUNE 8 - JUNE 12)

☐ SESSION 2 (JUNE 22 - JUNE 26)

☐ SESSION 3 (JULY 13 - JULY 17)

☐ SESSION 4 (JULY 27 - JULY 31)

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)