



# PROGRAM REGISTRATION FORM

**Participant 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender: \_\_\_\_\_ Course \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Level of skateboarding: \_\_\_\_\_

Do you have own board/helmet/pads: Circle:        YES        NO

**Participant 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender: \_\_\_\_\_ Course \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Level of skateboarding: \_\_\_\_\_

Do you have own board/helmet/pads: Circle:        YES        NO

**PAYMENT INFORMATION:** Circle:    Cash    Credit Card    Check Number: \_\_\_\_\_ (include voided check)

Credit Card Type:    VISA    MASTERCARD    DISCOVER    AMEX

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    CCV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature: X \_\_\_\_\_    Date: \_\_\_\_\_

**TO REGISTER EMAIL: JACLYN@SKATEBIRDMIAMI.COM.****WWW.SKATEBIRDMIAMI.COM****533 NE 83<sup>RD</sup> STREET, EL PORTAL, FL 33138**

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**EMERGENCY & PICKUP AUTHORIZATION CONTACTS:** Please provide two additional people who have authority to make all decisions regarding child(ren) if we are unable to reach a parent/ guardian in the event of an emergency.

Full name: \_\_\_\_\_ Full name: \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Discipline and Child Behavior:** SkateBird should be aware in writing of any special needs or limitations a child may have. IN the event our staff sees your child is having difficulty with the structure that we provide; we will notify you and discuss the implementation od behavior modification programs with staff and your child. After implementing behavior modifications, if your child continues to experience difficulty, we will recommend other appropriate alternatives.

**Health and safety:** Parent or guardian certify that the child is healthy and able to participate in SkateBird activities at the time of application. Parent/guardian fives permission to secure proper medical treatment in case of an emergency when parent/guardian can not be reached.

**Waiver for photo release:** I give consent for ant photo/videos taken of my child involved in SkateBird programs to be used for SkateBird/SBSX promotions or display.

**Coronavirus:** COVID-19 is an extremely contagious virus that spreads through person-to-person contact. Federal and start authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. SkateBird Miami in no way warrants that COVID-19 infection will not occur through participation in SkateBird events or programs, and on behalf of myself and my family members and minors, assume the risk of such illness, injury, disability, and death in connection with COVID-29.

**X Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_