



PROGRAM REGISTRATION FORM

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Participant 1: First Name: _____ **Last Name:** _____

DOB: _____ **Gender:** _____ **Course** _____

Day: _____ **Time:** _____ **Fee:** _____

Allergies/Medications: _____

Level of Skateboarding: _____

Do you have own board? YES NO **Helmet?** YES NO **Pads?** YES NO

Participant 2: First Name: _____ **Last Name:** _____

DOB: _____ **Gender:** _____ **Course** _____

Day: _____ **Time:** _____ **Fee:** _____

Allergies/Medications: _____

Level of skateboarding: _____

Do you have own board? YES NO **Helmet?** YES NO **Pads?** 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: _____

Phone number: _____

Email: _____

TO REGISTER EMAIL: JACLYN@SKATEBIRDMIAMI.COM
WWW.SKATEBIRDMIAMI.COM
 533 NE 83RD 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.

Refund Policy/Make Up: You must cancel 24 hours before programming starts. Once program starts, you will be given a credit towards another course, lesson, or program. If you do not show up for a lesson without notice, you will be charged for the lesson. We need 24 hours in advance notice of any cancelations for make-up or rescheduling.

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:** _____

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