

THE CENTER

YOUTH SKATE COMPETITION

REGISTRATION FORM

PERSONAL INFORMATION	
NAME:	
AGE:	
LEVEL (BEGINNER, INTERMEDIATE, ADVANCED)	
RIDING STANCE	
DO YOU HAVE ANY HEALTH OR ALLERGY CONCERNS THAT WE SHOULD BE AWARE OF?	
EMERGENCY CONTACT INFORMATION	
PERSON TO CONTACT IN CASE OF EMERGENCY	
TELEPHONE NUMBER	
RELATION TO PARTICIPANT	

PLEASE NOTE THAT THERE ARE RISKS ASSOCIATED WITH ALL PHYSICAL ACTIVITIES. BY REGISTERING, YOU AND/OR YOUR CHILD ARE CONSENTING TO FULL RESPONSIBILITY FOR ANY PHYSICAL INJURY THAT MAY OCCUR DURING THE EVENT.

PHOTO DISCLOSURE

By signing this document, I am also giving consent for the Center and its partnering organizations to take photographs of myself/ my child while taking part in the event and to use the photographs in the promotion of this and other related activities. Use of these photos can include but also not limited to posters, pamphlets, websites and social media outlets. This includes consent to publish my name, but not my address or other personal information except with prior written consent.

Participant Signature

Date

Guardian Signature

Date

I ACCEPT

You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this Agreement.