Recreational Skipping Program

Registration Form

(please print)

Name of Skipper: _____

Parent(s) Name(s):_____

School Attending: _____

Birth Date: _____

Home Address: _____

Home Phone: _____ e-mail: _____

My daughter/son has the following allergies/medical condition: _____

_____

Please note treatment/instructions:_____

_____

IN CASE OF EMERGENCY IF PARENT/GUARDIAN NOT AVAILABLE, CONTACT:

Name: _____ Phone:_____

IN THE CASE OF A MEDICAL EMERGENCY,

☐ I GIVE PERMISSION ☐ I DO NOT GIVE PERMISSION

FOR MY DAUGHTER/SON TO RECEIVE EMERGENCY MEDICAL CARE

Permission to include your child's photo on our website (names will not be included):

☐ I GIVE PERMISSION ☐ I DO NOT GIVE PERMISSION

PARENT/GUARDIAN Signature: _____

Date: _____

for office use only:

FALL Session	WINTER Session
☐ New ☐ Return Shirt Required: ☐ Y ☐ N	☐ New ☐ Return Shirt Required: ☐ Y ☐ N
Payment Amount: _____	Payment Amount: _____
cash cheque #_____	cash cheque #_____
Rec'd by: _____	Rec'd by: _____