



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	
<input type="checkbox"/> New	<input type="checkbox"/> Return	<input type="checkbox"/> New	<input type="checkbox"/> Return
Shirt Required: <input type="checkbox"/> Y <input type="checkbox"/> N		Shirt Required: <input type="checkbox"/> Y <input type="checkbox"/> N	
Payment Amount: _____ cash cheque # _____		Payment Amount: _____ cash cheque # _____	
Rec'd by: _____		Rec'd by: _____	