



Last Name: _____
 Home Phone _____ Child's Name: (1) _____
 (2) _____ (3) _____ D.O.B. (1) ____ / ____ / ____
 (2) ____ / ____ / ____ (3) _____
 Pls. circle one: Camp | Weekly skate clinic | Private lessons | Home school schedule

BILLING INFO

Mother's Name: _____ Phone: _____
 Father's Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____
 Zip: _____
 Email: _____
 Emergency # _____
 Pls. circle one. Military passes needed? Yes or No
 Any visitors over age 16. pls list names.

HEALTH INSURANCE INFO

Company: _____
 Policy: _____ Policy's Main
 Client: _____

RISK OF INJURY; MEDICAL INFORMATION, WAIVER AND RELEASE

I hereby grant permission for my child to attend Local 808/Local 808 Entertainment, LLC. skate care - youth skateboarding clinics, camps and programs. I understand as a condition of acceptance, the undersigned, on behalf of all parents and guardians and behalf of the participant, hereby releases Local 808/Local 808 Entertainment, LLC, its owners, instructors or agents from any and all liability for any injuries or illnesses incurred while attending Local 808 Skate Care-Youth Skateboard Clinics. I realize skateboarding is a high risk sport and accidents may occur. I hereby authorize the instructors of Local808 Entertainment, LLC. to act for me according to his/her best judgement in any emergency requiring medical attention. The undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical skateboarding activity.

Parent/Guardian

Signature _____ Date _____