

Skate Like a Girl

PO BOX 95902, SEATTLE, WA USA
(206) 973.8005 / skatelikeagirl@gmail.com
skatelikeagirl.com

2011 Skate Camp



gals grab your boards! let's roll **from never-eva to forever-eva**

Please complete the forms:

1. **Registration Information**
2. **LIABILITY WAIVER / PHOTO Release**
3. **Medical release**

IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER!
PARTICIPANT RELEASE OF LIABILITY-READ BEFORE SIGNING

Registration Information

Participant's Full Name	
Participant Phone Number	
Participant email	
Participant Address	
Emergency Contact Name/Number (if under 18 list parent/guardian)	
Alternate Emergency Contact Name / Relationship/ Number	

Safety Gear

Please circle what you need to borrow:
Skateboard Helmet Knee Pads Wrist Guards Elbow Pads

Safety Policy

SKATE LIKE A GIRL REQUIRES THAT ALL PARTICIPANTS MUST WEAR HELMETS AT ALL TIMES. THIS IS NON NEGOTIABLE. WE STRONGLY ENCOURAGE THAT ALL SAFETY EQUIPMENT BE WORN DURING THE CAMP, ESPECIALLY WHEN SKATERS ARE TRYING SOMETHING NEW FOR THE FIRST TIME.	
I / My child will wear the following safety gear, please circle:	
Knee Pads Wrist Guards Elbow Pads NONE (up to participant)	
Participant / Parent / Legal Guardian Signature (if participant is under 18)	_____ date

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Tell us about yourself! We want to get to know you before you come and spend a week with us!

Participant Information

Participant's nick names	
Skill Level Please circle	Advanced Intermediate Beginner
Years Skating:	Goofy / Regular Hometown:
Your skate style / Favorite tricks	
Favorite foods	
Tell us what you do: hobbies / work / go to school?	
Who do you skate with?	
Favorite Skate Spots	
Favorite Music (genre /artist / song)	
Your power animal / zodiac sign	
List your Injuries	
Favorite skaters	
Anything else?	
School you go to	

SKATE LIKE A GIRL LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Skate Like a Girl clinic, program, related events, and activities the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
4. For myself and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY RELEASE **Skate Like a Girl** its officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned organizations, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE BEEN TRAINED FOR THIS ACTIVITY.

I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT!

I, the undersigned participant / parent / legal guardian of the youth participant (under 18), give permission for myself/the participant to engage in the **Skate Like a Girl / KTUB program**.

Program activities and dates are as follows:

<u>Date:</u>	<u>Activity:</u> Skateboard Camp	<u>Time:</u>	<u>Meeting Location:</u> Seattle Center Skatepark 2nd and Thomas Seattle Center
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I assume all risks, and hazards incidental to participating in the activity and do hereby waive, release, absolve, indemnify, and agree to hold harmless **Skate Like a Girl**, their supervisor, participants and instructors for any claim arising out of any injury to myself or the participant.

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for promotion of Skate Like a Girl. (cross out if you do not agree).

I certify (or declare) that I am the parent or legal guardian of the above-named young person and that I have authority to authorize such activities and actions.

_____ **Participant Signature** (must be over 18)

_____ *date*

_____ **Parent / Legal Guardian Signature** (if participant is under 18)

_____ *date*



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HEALTH AND MEDICAL HISTORY

	MM	DD	YYYY
Participant's DOB			

	MM	DD	YYYY
Last Tetanus Inoculation			

Physician/Clinic Information

Physicians/Clinic Name _____ **Phone Number** () - _____

Insurance Information

Do you have health insurance? Yes No Does your Insurance Co. require pre-authorization? Yes No

Insurance Company/Plan _____
Insurance Phone Number () - _____ **Policy Number** _____

Allergies

Medicine, Food, Insect or other Allergies	
Please provide any pertinent reactions, medications, or medical treatment info	

Medications List below any medications the participant is currently taking or will be taking

Medication	Dose	Administration Times	Reason	Side Effects

Medical History

Please provide any other pertinent medical issues and history including information on asthma, diabetes, epilepsy, neurological problems, bleeding or blood disorders, recent illness or injury, cardiac conditions, bowel problems, skin problems, limb or joint problems or injuries, pregnancy, or any other medical problems (attach additional page if necessary):

Medical Authorization

I hereby authorize and give permission, that myself / the participant may be given emergency treatment including first aid and CPR by qualified **Skate Like a Girl** staff and volunteers. I also give permission for myself/my child to be transported by ambulance and to be treated by any physician, hospital, health care provider, or other medical personnel selected by the staff of **Skate Like a Girl** to provide prompt medical services. I agree that once the participant is in the care of medical personnel or a medical facility, **Skate Like a Girl** shall have no further responsibility for the participant and I agree to pay all costs associate with such medical care and transportation.

In the event that I cannot be contacted, I further authorize consent to the medical, surgical, and hospital care treatment procedures to be performed for myself/my child by a any physician, hospital, health care provider, or other medical personnel selected by a **Skate Like a Girl** staff when deemed necessary or advisable by the medical personnel to safeguard the participant's health. I wave my right of informed consent to such treatment.

The health history on this page is correct and not falsified to the best of our knowledge.

Participant Signature

date

Parent/Guardian Signature (if participant is under 18)

date

