

TRANSITION EXTREME **SKATEPARK PARTICIPANT REGISTRATION FORM**

This form is for participants under the age of 16 only and MUST be signed by a parent or legal guardian

PARENTAL CONSENT STATEMENT

"I fully understand and acknowledge that there are risks and dangers associated with participation in skateboarding; BMX riding and inline skating which could result in my child suffering bodily injury; partial and/or total disability; paralysis or death. As a result of this knowledge, I will not hold the management, board members, staff or volunteers of Transition Extreme Sports Ltd. responsible for any accidents; injury; loss or damage whilst on the premises. By signing this registration form, I confirm that I have read and fully understand the Terms & Conditions and have been strongly advised by Transition Extreme Sports Ltd. that my child should wear full protective equipment whilst using the skatepark. I hereby agree to accept full responsibility for my child's actions during participation at Transition Skatepark."

PERSONAL DETAILS

Title.....First Name.....Surname.....

Male/Female.....Address.....

Date of Birth.....

Post Code.....

Mobile.....Home Telephone.....

Email.....

Emergency Contact Name.....Tel:

Medical Consent: I authorise Transition Extreme Sports Ltd. to seek medical attention for my child in the event of injury or illness (if yes, please sign):

Signed.....

Does your child suffer from any medical condition that you would like to make us aware of?

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Discipline (please circle): Skateboarding BMX Inline

How did you hear about Transition?

I have read and understand the above and confirm that these details are correct.

Parent/Legal Guardian NameSignature.....

Staff Name..... Staff Signature.....

Date..... Membership No.....