

# ROCKCITY SKATEPARK PARENTAL CONSENT

## Unsupervised skateboarding, inline skating, scootering or biking

### Skatepark Participation Statement

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

A parent or guardian's written consent is required for anyone between 10 and 17 years old to use the Rockcity Indoor Skatepark.

### Childs Details

This information will be kept in strict confidence.

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Male / Female	<input type="checkbox"/>	Address	<input type="text"/>		
Date of Birth	<input type="text"/>		<input type="text"/>		
Tel No.	<input type="text"/>		<input type="text"/>		
Emergency Tel No.	<input type="text"/>		<input type="text"/>		
		Email	<input type="text"/>		

I affirm that I am the parent or guardian of the above child, and that he or she has my consent to use the Rockcity Indoor Skatepark. I understand that the activities of Skateboarding, inline skating, BMX/bike riding and scootering are activities with a danger of personal injury or death.

I have read the terms and conditions provided, and I accept responsibility for my child observing them. If any of them are broken, I understand that this will cancel this membership and will end his/her session immediately, and that my child will be asked to leave immediately and may not be allowed to use any Rockcity Indoor Skatepark in the future.

### Declaration of fitness

I certify that to the best of my knowledge, the child named above does not suffer from a medical condition which might have the effect of making it more likely that they are involved in an accident which could result in injury or death to themselves or others.

### Declaration of fact

I also confirm that the above information is correct and if any information changes I will notify this Skatepark:

Parent / Guardian Signature	<input type="text"/>	Date	<input type="text"/>
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### Parent / Guardian Details

First Name	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Emergency Tel No.	<input type="text"/>		<input type="text"/>
Emergency Tel No.	<input type="text"/>		<input type="text"/>

### **THIS PART TO BE FILLED IN BY THE RECEPTION STAFF**

Registration No.	<input type="text"/>	Registration Type	<input type="text"/>
Amount Paid for Registration	£ <input type="text"/>	Have you asked a sample question?	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>