

Bremen Skate Park , LLC DBA "Streetz"

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____
FIRST NAME (PRINT) LAST NAME

PARTICIPANT PHONE (H) _____ (W) _____ (C) _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ BIRTHDATE: _____

PRIMARY GUARDIAN: _____ PHONE: _____

SECONDARY GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ RELATION: _____

EMERGENCY PHONE (H) _____ (W) _____ (C) _____

ANY MEDICAL CONDITIONS: _____

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child/myself as named above."

My child/I (participant) am allergic to the following medications: _____

Doctor to be notified in case of emergency: _____

Doctor's Phone number: (_____) _____

X _____ State of: _____ County of: _____

Signature of NOTARY PUBLIC

COMMISSION EXPIRES: _____

SEAL