# LINE 19 SKATING CLUB REGISTRATION FORM

NAME OF CHILD: _____

ADDRESS OF CHILD: _____

TOWN AND POSTAL CODE: _____

CHILD'S DATE OF BIRTH (MM/DD/YY): _____

PARENTS/GUARDIANS: _____

RELATIONSHIP TO CHILD: _____

HOME/WORK/CELL PHONE #'S: (H) (W)
(C)

E-MAIL ADDRESS: _____

ALTERNATIVE PHONE # IN CASE OF EMERGENCY: _____

NAME AND RELATIONSHIP TO CHILD: _____

## MEDICAL INFORMATION

NAME OF FAMILY PHYSICIAN:
ADDRESS AND TELEPHONE #:
HEALTH CARD #:

ANY ALLERGIES (FOOD, DRUGS, ETC.) PLEASE SPECIFY:
AT PRESENT, IS CHILD UNDER ANY MEDICAL TREATMENT OF ANY KIND?
IF SO, PLEASE DETAIL:

PLEASE SIGN THE FOLLOWING:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE MY CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN ALL NORMAL ACTIVITIES;

I AGREE, THAT IN THE EVENT A MEDICAL EMERGENCY ARISES, THOSE RESPONSIBLE SHOULD TAKE APPROPRIATE ACTION, INCLUDING INITIATION OF HOSPITAL TREATMENT IF REQUIRED;

I DO NOT HOLD THE LINE 19 SKATING CLUB RESPONSIBLE FOR ANY INJURIES SUSTAINED TO MY CHILD DURING SKATING TIME.

DATED: SIGNED: _____