

REGISTRATION FORM for Groups Under Instruction at Ramps Skate Park

To be completed by participants in instructed groups

I confirm that I have read and understood the skatepark rules and that I have been advised by Ramps Skatepark that knee, elbow pads and helmets must be worn by all participants that are aged 16 or under whilst using indoor/outdoor park. If using the outdoor park, all users must wear helmets. I take full responsibility for my/child actions. I am fully aware of the risks involved with skateboarding, inline skating, BMX riding and scootering. As a result of this knowledge, I will not hold the proprietors or employees of Ramps Skatepark responsible for any accidents, loss of valuables or damage whilst on the premises.

Each participant please fill in your details in one of the rows below. Please write "Yes" or "No" against the question asking about your medical condition to indicate if you suffer from any medical condition which your instructor should know about. If you answer "Yes" please make sure you speak to the instructor about it before the start of the session.

There is a maximum of **Twelve** participants per instructor

No.	Name of participant	Address	Emergency Tel. No.	Age	Medical Condition
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

TO BE COMPLETED BY GROUP LEADER

Have you checked the details of the participants above and are the details correct, to the best of your knowledge? (Yes or No)

For any of the participants who are under 16 years old, have you been given permission from their parent or guardian to involve them in this potentially dangerous activity? (Yes or No)

TO BE COMPLETED BY INSTRUCTOR

Have you checked the details of the participants above so that you can take account of each participant's age and any medical conditions which may affect their activity? (Yes or No)

I, the undersigned agree that I have read and understood the participation statement; that all participants will follow the instructions given by the supervising instructor, and that failure to do so will result in them being removed from the session; and finally that all participants are physically fit to take part in this activity and/or have made the instructor aware of any medical conditions that may affect their ability to participate in the activity.

Name.....

Organisation.....

Address.....

.....

Signature

Date

Have all the group filled in the participant's part of the form above? (Yes or No)

Has the group leader completed their part of the form? (Yes or No)

Signature

Date