

**Participant Registration Form [Example]**

*To be completed by an adult staff member or volunteer. Please explain why you are collecting this information to parents/guardians and participants.*

[Organization] ID No. Same # as ID Photo	Ex. AF1 0001		
Registration Date	<b>dd.mm.yyyy</b> Use first date they ever participated in your programs		
Program circle all that apply	<b>Outreach   Skateboarding   Art Classes</b> (replace above with your own program names)		
Partner or Outreach location if applicable		Class Group Name	
Family Name		Given Name	
Gender	<b>Male   Female   Non-Binary</b>	Birth Date	<b>dd/mm/yyyy</b>
Emergency Contact Name		Emergency Contact Number	
Nationality	1.	Languages	1.
	2.		2.
Health Comments			
In School circle one	<b>Yes   No</b>	Highest Grade Achieved	
Disability circle one	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> <b>Cognitive</b> <input type="checkbox"/> <b>Physical</b> <input type="checkbox"/> <b>Both</b>	Internally Displaced or refugee?	<b>Yes   No</b>

Location of Work circle one	<input type="checkbox"/> Helping family business at home <input type="checkbox"/> Working outside – businessshop <input type="checkbox"/> Working outside – informally (selling, recycling) <input type="checkbox"/> Work experience placement <input type="checkbox"/> Not working	Family Income Level circle one	Low   Lower Middle   Middle   High
Job of father or guardian		Job of mother or 2 <sup>nd</sup> guardian	
Media permission?	Yes   No   Unsure		
General comments	Ie. Number of siblings also attending programs, other comments		

**PARENT / GUARDIAN INFORMATION**

Emergency Contact Name		Relationship to child	
Emergency Phone #		Email address	
Partner organization (if applicable)		School Name/Contact	

**FORM CHECK**

*All Information provided is confidential and will only be viewed by staff employed by (insert your organization name here). Information is kept in a secure database.*

Remember to collect from parent / guardians:

- Media Permission (signed form)
- Risk / Waiver and Permission (signed form)

**Parent/Guardian Permission Form****Risk**

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**GOODPUSH**

Created by Skateistan

To lower the risk of injury, participants wear protective equipment. Anyone participating in skateboarding lessons is required to wear a helmet, knee pads, elbow pads and shoes, and follow strict rules in the skate park to ensure their safety.

Instructors monitor the participants in small groups at all times. Only trained instructors will administer First-Aid to injured participants. All full and part-time employees receive Child Protection Policy training to protect children from injury or maltreatment. As with any physical activity, there is some risk of injury with skateboarding.

By signing the release of liability and using the facility, the participant and the participant's parent or legal guardian (if under 18) fully release and discharge (insert your organization name here), its employees, Skate Instructors and volunteers from any and all claims, demands, damages, rights of action or causes of action present or future, resulting from or arising out of the participant's use or intended use of the skateboarding facilities and equipment.

## Participant Information

Full name: \_\_\_\_\_

## Media

During programming, (insert your organization name here) and outside media approved by (insert your organization name here) may interview, photograph or take videos of your child for use in our publications, website, newspapers and for the promotion of (insert your organization name here).

- YES**      Please circle YES if you understand and approve of this media policy  
**NO**        Please circle NO if you do not wish for your child to be included in media coverage

## Permission

I \_\_\_\_\_ (printed guardian's name) allow my child  
\_\_\_\_\_ (printed participant name) to join the skate sessions organized by (insert your organization name here) as described above.

I understand that the act of skateboarding necessarily involves risk of injury to the participant and other people and will not hold (insert your organization name here) legally or financially responsible for any accident that includes but is not limited to death, permanent or temporary paralysis, disability, physical or mental damage or other injury as well as damage to the participant's equipment and personal property during (insert your organization name here) classes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnessed by** (staff member name and signature) \_\_\_\_\_