

BOPARC PROGRAM/ACTIVITY CONSENT FORM

BOPARC – PO BOX 590 – MORGANTOWN, WV 26507

PLEASE PRINT

Program/Activity **Skate with us Lessons** – please select session and time at the bottom of the page Birthdate _____

_____ F ___ M ___
Last Name First Name MI Phone Number

_____ Address City State Zip Code Email

Emergency Contact: _____ Phone: _____

ADDITIONAL INFORMATION: _____

Allergies: Bee Stings _____ Insect Bites _____ Foods _____ Other (explain) _____

What should be done if your child comes into contact with an allergen? _____

Please tell us if your child has any health problems we should know about: _____

Previous Lessons? Never / Here Last Year / Here Years Ago / Elsewhere LEVEL PASSED _____
(SS1-SS3, B1-B8, est)

Experience Level? Never / Some / Forward / Fwd x Over / Backward / Back x Over / Hockey

Comments _____

THIS ADDITIONAL INFORMATION IS REQUIRED FOR MINOR PARTICIPANTS:

_____ Mother's/Guardian's Name Father's/Guardian's Name

_____ Phone (Home) Phone (Work) Phone (Home) Phone (Work)

_____ Phone (Cell) Phone (Cell)

I, the above named participant, parent, guardian or legal representative of participant, do hereby give my approval to my/his/her participation in any and all activities of the above mentioned program, and hereby certify that:

- Participant is physically able to participate in the program and knows of no physical/medical limitation that would prevent participation.
- Participant will abide by the decisions of the program leader with regard to all aspects of the activity. BOPARC and/or its instructors reserve the right to terminate participation in the activity if participant is in violation.
- I, the participant/parent/legal guardian of participant release BOPARC, its agents, commissioners, employees and the City of Morgantown from all claims, including the institution of a lawsuit against BOPARC, its agents, commissioners, employees or the City of Morgantown for injuries or losses sustained by me/my child/my dependents as a result of my/his/her participation in the program.
- I give permission for the use, without fee, of my/my child's/dependent's picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
- In the event of need for emergency medical service, I authorize and consent to such services being provided to the above named participant (if a minor) and assume responsibility for all medical bills in excess of my insurable coverage.
- I have read and understand the following REFUND POLICY: It is the assumption of all parties concerned that the person registering him/herself or another for this activity intends to take part in the activity and will assume the space allocated for an individual participant. Registration is non-refundable unless a paid substitution is made.

NOTE: Each participant is responsible for his/her own accidental injury medical/dental insurance.

Date _____

Participant/Parent/Guardian Signature

Print Signature Name and Relationship to Participant

Session 1 Thu 6:00 Sun 5:15 Amt Pd \$ _____ Check / Cash / CC Rec'd By _____ Register # _____

Session 2 Thu 6:00 Sun 5:15 Amt Pd \$ _____ Check / Cash / CC Rec'd By _____ Register # _____

Session 3 Thu 6:00 Sun 5:15 Amt Pd \$ _____ Check / Cash / CC Rec'd By _____ Register # _____

Session 4 Thu 6:00 Sun 5:15 Amt Pd \$ _____ Check / Cash / CC Rec'd By _____ Register # _____