

**JULINGTON CREEK PLANTATION COMMUNITY DEVELOPMENT DISTRICT
SKATEPARK PARTICIPANT REGISTRATION FORM**

ALL PARTICIPANTS MUST COMPLETE AND SIGN THE "WAIVER AND RELEASE OF
LIABILITY, ASSUMPTION OF ALL RISKS AND CONSENT TO USE LIKENESS"
BEFORE ENTERING THE SKATEPARK.

Resident: () Guest: ()

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

BIRTHDATE: _____ AGE: _____

PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME	PHONE NUMBER	DESCRIPTION (work, cell, etc.)
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_____	_() _____	_____
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_____	_() _____	_____
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EMAIL ADDRESS: _____

WHAT SCHOOL DO YOU GO TO?: _____

PLEASE CHOOSE:

_____ SKATEBOARD _____ INLINE

MEDICAL CONDITIONS: _____
(asthma, hemophilia, etc.)

THIS IS A TWO SIDED FORM -- TURN OVER AND COMPLETE BACK

DO NOT WRITE PAST THIS LINE

Processed by: _____

EMPLOYEE SIGNATURE

DO NOT WRITE PAST THIS LINE

LAST NAME

FIRST NAME

BIRTHDATE