



SKATER REGISTRATION INFORMATION

Name _____ Birth Date _____ Age _____
Address _____ City _____ Zip _____

Email: _____ Phone Number: _____
Grade _____

What is your level of roller derby experience?

- I can skate, but I haven't played roller derby
- I barely know how to skate
- I've done some roller derby, but I have a lot to learn
- I have done FULL CONTACT junior derby and I have _____ years of bouting experience

Parent/Guardian Info

Parent/Guardian 1 _____

Best Daytime Phone # _____ Alternate# _____

Parent/Guardian 2 _____

Best Daytime Phone # _____ Alternate # _____

If I am not available in an emergency, these people may take responsibility for my child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In addition to the Parents/Guardians listed above, these individuals are permitted to pick up my child.

My Child is old enough and can leave/drive herself/himself: _____

(Parent Signature) _____

The Parent/Guardian must provide this information in order to give RT Junior Derby health care personnel all necessary background so that they can provide appropriate care.