



To be completed by all participants prior to taking part in sport at The Factory.
If participant is under 16 years of age this form must be completed by the participant's parent or legal guardian. Completion of this form indicates permanent consent which will be kept on file for future visits regardless of membership status.

| Personal Details | | | |
|---|--|---|-------|
| First Name | | Last Name | |
| Date of Birth | | Gender | M / F |
| Address | | | |
| House No./Name | | | |
| Street Name | | | |
| City/Town | | | |
| Region | | | |
| Post Code | | | |
| Telephone | | | |
| Home No. | | Mobile | |
| Email | | | |
| Main Activity | | | |
| Skateboarding / Inline / BMX / Other | | | |
| Emergency Contact | | | |
| Name | | Relationship | |
| Home No. | | Mobile | |
| Medical Information | | | |
| Doctor's Name | | Medical Practice | |
| Do you suffer from any medical conditions which might affect you whilst participating in sport at The Factory. | No / Yes (IF yes please provide details) | | |
| Statement of Consent | | | |
| I hereby acknowledge that I have been briefed on the risks involved and I have read, understand and agree to abide by the terms and conditions of use applying to those wishing to participate in sport at The Factory. I <u>accept</u> the activities are dangerous and can result in injury and/or death and agree to accept full responsibility for my actions (or those of my child if signing on their behalf) whilst using The Factory. It is my responsibility to inform The Factory should I wish to revoke this consent at any time. | | | |
| Signed | | (Please indicate position) Participant / Parent / Legal Guardian | |
| Print Name | | Dated | |