

Skateboarding Competition Participant Insurance Form

Participant Information

Full Name

Date of Birth

Address

City

State/Province

ZIP/Postal Code

Phone Number

Email Address

Emergency Contact

Contact Name

Relationship

Contact Phone

Medical Insurance Information

Insurance Provider

Policy Number

Medical Conditions / Allergies

Parent/Guardian (if under 18)

Parent/Guardian Name

Parent/Guardian Phone

☐ I acknowledge that I have read and understood the terms and conditions of the insurance coverage for this event.

Participant Signature

Date

Parent/Guardian Signature

Date