

# UNIT 23 SKATEPARK

Unit 23, Castlegreen St, Dumbarton  
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## PARENTAL/MEDICAL CONSENT FORM

PLEASE READ THIS CAREFULLY – IT IS A PARENTAL/MEDICAL CONSENT FORM FOR CHILDREN UNDER THE AGE OF 16 YEARS AND IT IS WRITTEN IN TWO DISTINCTLY SEPARATE PARTS.

To sign PART 1 of this form you MUST be the parent or legal guardian.

### PART 1: PARENTAL CONSENT

Inline skating, skateboarding and BMX riding can be dangerous sports. Please be aware that by signing this consent form you accept that the child can use the facilities at UNIT 23 SKATEPARK totally at their own risk and you will not hold UNIT 23 SKATEPARK liable in any way whatsoever for any injuries that result from using or spectating at these facilities.

#### PERSONS DETAILS:

NAME:.....

ADDRESS:.....

TOWN:.....

POSTCODE:.....

TEL No:.....

PARENTAL OR GUARDIAN WORK/MOBILE No:  
.....

DATE OF BIRTH:.....

I hereby give my child permission to use the facilities at UNIT 23 SKATEPARK.

SIGNED PARENT OR LEGAL GUARDIAN:.....

Print Name:..... DATE:.....

### WHAT ACTIVITY WILL YOU BE USING AT UNIT 23 SKATEPARK

Inline skating    Skateboarding    BMX riding    Scooter riding

### PART 2: MEDICAL CONSENT FORM

If you sign this part of the form you will be giving permission for UNIT 23 SKATEPARK to obtain medical help for your child in the event of an injury or illness.

**DO NOT SIGN IF YOU DO NOT WISH TO GIVE UNIT 23 SKATEPARK THE AUTHORITY TO SEEK MEDICAL ATTENTION FOR YOUR CHILD IN THE CASE OF INJURY OR ILLNESS.**

If you do not sign this authority no medical consent for treatment can or will be given by UNIT 23 SKATEPARK. By signing this part of the form you are accepting that you will not hold UNIT 23 SKATEPARK liable for any acts omissions or adverse results of any medical treatment administered.

In the case of medical treatment being provided for your child are there any medical conditions or allergies that you want to make us aware of:

.....  
.....  
.....  
.....

In the case of injury or illness I hereby give my consent for UNIT 23 SKATEPARK too authorise medical treatment for my child.

SIGNED PARENT OR LEGAL GUARDIAN:.....

Print Name:..... DATE:.....

#### Phone consent – official use only

Relationship:.....

Contact Number:.....

Time:.....

Staff Signature:.....