

DRACO PROSAPIA TEAM SKATING PERMISSION SLIP
FOR ANY QUESTIONS PLEASE CALL MIKEY PHONE : 857.389.1410 EMAIL : MIKEY@STUDENT17.COM

Skater name _____ Grade _____
Last First Middle (full middle name)

I give permission to my child to skate with the Draco Prosapia Skate Team. I also understand that skateboarding is an extreme based sport and that my child may get injured. With this information stated I also understand that Student 17 Creations, Sandy River Customs, and Draco Prosapia (Studios affiliated) are not responsible for my child's actions and/or injuries. _____yes _____no

Parent/Guardian signature _____ Date _____

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the Sandy River Customs web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information/images about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes names, photo or image, e-mail address, locations and time's of Skate Days.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Michael Guadarrama.

Write initials on one of the following choices:

____I/We GRANT permission for a photo/image that includes this skater without any other personal identifiers to be published on the Sandy River Customs web site.

____I/We GRANT permission for this skater's photo/image and name to be published on the Sandy River Customs web site.

____I/We GRANT permission for this skater's photo/image and all other personal identifiers listed above to be published on the Sandy River Customs web site.

____I/We DO NOT GRANT permission for photo/image that includes this skater to be published on the Sandy River Customs web site.

Skaters Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Skater: _____

Date: _____

DRACO PROSAPIA HEALTH AND EMERGENCY INFORMATION FORM
FOR ANY QUESTIONS PLEASE CALL MIKEY PHONE : 857.389.1410 EMAIL : MIKEY@STUDENT17.COM

Skater name _____ Grade _____
Last First Middle (full middle name)

Address _____
No. Street Town Zip code

Home Phone _____ Gender _____ Date of Birth _____

Language spoken at home _____ Place of Birth _____

Does child have health insurance? Circle Yes / No Name of Insurance Company _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication is confidential!

Parent1/Guardian name (printed) _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Signature _____

Parent2/Guardian name (printed) _____

Home Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Signature _____

**IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED,
PLEASE LIST NAME AND PHONE NUMBER OF RELATIVE OR FRIEND WE MAY CONTACT.**

EMERGENCY NAME _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital of Choice _____ (EMT or Paramedic may override choice)

Please check all that applies to your child:

Heart condition _____ Diabetes _____ Asthma _____ SeizureDisorder _____ ADD/ADHD _____ Migraines _____ Depression _____
Medications/Other _____

Allergies (food, insects medication, environment, (specify) _____

Does you child have and EpiPen? Yes _____ No _____

Hearing Problems (specify) right ear _____ left ear _____

Vision Problems (specify) _____

I give my permission for Draco Prosapia to administer Acetaminophen/Ibuprofen to my child. _____ yes _____ no

Parent/Guardian signature _____ Date _____

I give permission to the Draco Prosapia to share information relevant to my child's health condition with appropriate health personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referral, diagnosis and treatment. _____ yes _____ no

Parent/Guardian signature _____ Date _____