

A copy of this form must be completed, signed and on file at the rink before any youth skaters between the ages of 10 and 17 will be allowed to skate without a parent, guardian or other responsible adult present. Youth under the age of 10 must be accompanied by an adult.

Parent / Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email \_\_\_\_\_

How will your child(ren) get home? \_\_\_\_\_

In the event of youth misbehavior including not following directions of rink staff and not following the posted rules, the following procedures will be followed by staff:

1. Youth receives verbal warning from attendant or other appropriate staff member to stop the inappropriate behavior.
2. If misbehavior continues, youth must sit out from activities for 5 minutes. Staff member will discuss the behavior with the youth and why it is unacceptable at the rink. Also, staff will inform the youth that if the behavior continues, they will be asked to leave the rink.
3. If after this "break" and conversation the youth still is misbehaving, the staff member may call the family and inform them that the child has lost their rink privileges for the rest of the day to and he / she must leave the rink immediately.

If the misbehavior involves hitting, shoving or otherwise jeopardizing the safety of others on the ice, the staff will skip the warning and move directly to the second consequence. If someone is injured as a result of the misbehavior, the staff have the right to immediately call the family and inform them of the situation.

My signature on this form indicates permission for my child(ren) listed on this form to skate at the Randolph ice rink without a parent or guardian present. I authorize the rink staff to administer first aid or to call an ambulance if it is deemed necessary.

_____	_____	_____
Parent / Guardian Name	Signature	Date

I authorize the Boys and Girls Club and rink staff to take photographs of my child(ren) while participating at the rink for use in internal publications as well as for use in the media.

_____	_____	_____
Parent / Guardian Name	Signature	Date

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

\_\_\_\_\_

(over for additional children)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Current age \_\_\_\_\_ Grade \_\_\_\_\_

Medical Conditions or Allergies \_\_\_\_\_

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