



Family Skate Center
 910-791-6000
 www.skatejellybeans.net

Registration Form

Child's Name _____ School _____

DOB _____ Age _____

Mailing Address _____

Street Address _____

City _____ Zip _____

Child 2 Name _____ DOB _____ Age _____

Child 3 Name _____ DOB _____ Age _____

*****EMERGENCY INFORMATION*****

Moms Name _____ Cell Phone # _____

Place of Work _____ Work # _____

Dads Name _____ Cell Phone# _____

Place of Work _____ Work # _____

Pediatrician Name _____ Phone# _____

Who can we contact in case we can not reach a parent in the event of an emergency?

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

Medical Information

Please explain any questions answered yes:

Serious Illness? _____

Medical Conditions under treatment? _____

Any permanent disability? _____

Seizures? _____

Medication we will administer daily? _____

In addition to the above, list anyone else who is authorized to pick up your child. Their name must be listed in order for us to allow them to pick up. Please call if you have an emergency and someone different will be picking your child up.

How did you hear about us? _____

I understand the rules and requirements of ALL children while at Jellybeans. I will explain these rules and requirements to my child. I understand that I am financially responsible for all fees and will pay them in a timely manner.

 Parent or Guardian Signature

