SKATEBOARDING WA

LET THE GOOD TIMES ROLL

PARENTAL PERMISSION FORM

YOUR MOVE - ACTIVE TRAVEL FESTIVAL BASSENDEAN PRIMARY SCHOOL SKATEBOARDING WA STRUCTURED CLINICS SESSION

DATE: FRIDAY 22ND MARCH 2019

STUDENT PARTICIPANT DETAILS	
Full Name:	
Date of Birth:	**Age:**
Residential Suburb:	

PARENT / GUARDIAN DETAILS AND SIGNATURE PERMISSION	
Parent or Guardian Full Name:	
I understand that like all sports skateboarding is physically and mentally challenging and there are risks of injury when participating. To reduce these risks all participants in the structured skateboarding program, where possible the lesson starts on a grass surface before moving to concrete. The participants are required to wear a helmet and wrist guards when participating on the concrete using a skateboard. I accept these risks and give my permission as the parent or guardian of the above mentioned person to participate in the "Your Move - Fume Free Festival" Bassendean Primary School Skateboarding WA structured Clinics Session.	
Signature:	**Date:**

Please check out www.skateboardingwa.com.au for more information on all of our statewide programs.

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