

The Kings Field Skate Park

If you are under 16 then a Parent/Guardian **MUST** complete this form.
You must provide evidence showing your photo and date of birth for your card to be issued.

ACCESS PASS CONSENT FORM

The London Borough of Richmond upon Thames does not accept any liability for injuries or damages incurred whilst using this facility. All persons use the facility at their own risk.

Conditions of Use

1. This skate park has been designed for skateboards, BMX riders, bladers and scooters and should be used for its intended purpose only
2. You are strongly advised to wear the appropriate safety equipment including helmets and pads
3. You can not use these ramps when they are wet. They will be closed during periods of wet weather
4. Ensure the ramps are free from leaves prior to skating
5. The skate park is only to be used when the facility is opened and there is an attendant onsite
6. No motorised vehicles

Code of Conduct

1. Respect other park users and the facility attendant
2. Share the area and help others
3. Keep the area clean and tidy
4. No alcohol, drugs or swearing
5. No Graffiti
6. Behave sensibly and within your capabilities

General Details

Your First Name
AND Surname:

Date of
Birth

Your Address

Postcode

Home Telephone
No.

Mobile No.

Email Address

Emergency Contact

Name of Contact

Contact No. 1

Relationship to
you

Contact No. 2

	Relationship to you	
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Declarations

- i. Having read the Conditions of Use and Code of Conduct for The Kings Field Skate Park, I authorise use by the above named young person to take part in the activities provided by this facility and I undertake to pay the Access Pass Fee.
- ii. I understand the conditions of use and Code of Conduct and accept that if I do not adhere to any aspect, I will be asked to leave the skate park and will encounter a ban and revoking of my Access Pass until such time that I can behave considerately.
- iii. I understand that it may be necessary to close the skate park at short notice due to bad weather, repair or other unforeseen circumstances.

Signed Young Person		Date	
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Parent/Guardian		Date	
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Please also complete and sign the Medical information

If you are under 16 then a Parent/Guardian MUST complete this from.

MEDICAL INFORMATION

i. Name and address of family doctor (GP):

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ii. Do you have any medical conditions?

Yes No

If yes, please give details:

Condition:	
Treatment:	
Name of hospital attended (if applicable):	

iii. Are you taking any medicines?

Yes No

If yes, please give details:

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iv. Have you in the past, suffered from:

Asthma:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hay fever:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Epilepsy:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other allergies? (e.g. allergies to antibiotics/plasters/food etc) Please provide details:

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Any serious illness?

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vi. Any problems/chronic conditions in the last two years?

Yes No

If yes, please give full details and advise us of any, medication, that your require:

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NB: Parents should notify in writing if there is any change in the medical information given above. Parents should obtain advice from the family doctor if necessary on taking part in skate park activities.

Declarations

I consent to (name) _____ receiving any emergency medical, surgical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: Name or Parent/Guardian _____ Date: _____

Address:			
Print Name:			Tel no Home:
Work:			Mobile No:

Telephone numbers for emergency contact, if these are different from the home number: