# MENTOR CIVIC ARENA
# LIABILITY AND MEDICAL RELEASE FORM

Skater's Name: _____ Parents Name: _____

Address: _____ Date of Birth: _____
(City) (Zip)

Home phone: _____ Work phone: _____ Cell phone: _____

Other Contact: (Not living with you)

Name: _____ Phone: _____

Known Allergies: _____Medications: _____

List any physical disabilities: _____

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EXPIRES 8/31/2011