



CESS, Inc. PERSONAL INFORMATION

SKATERNAME: _____ TODAY'S DATE: _____

Age _____ BIRTH DATE: _____ SHOE SIZE _____

NAME OF PARENT OR LEGAL GUARDIAN (if under 18):

MAILING ADDRESS (street, city, state and zip):

EMAIL ADDRESS: _____

2ndEMAILADDRESS: _____

HOME PHONE# (include area code): _____

WORK PHONE# (include area code): _____

CELL PHONE# (include area code): _____

2ndWORK PHONE# (include are code): _____

2ndCELL PHONE# (include area code): _____

EMERGENCY INFORMATION (In the event of an emergency, please list contact information)

NAME OF CONTACT:

PHONE # (include area code): _____

CELL PHONE# (include area code): _____

KNOWN ALLERGIES TO ANY MEDICATIONS:

KNOWN MEDICAL CONDITIONS:

