



NC CHARGERS BOARD CLINIC \$75.00



CHILD'S NAME: _____ PARENT'S / GUARDIAN NAME: _____

DATE OF BIRTH: _____ WORK PHONE: _____

NIPPER AGE GROUP: _____ MOBILE PHONE: _____

MEDICAL CONDITIONS: _____ CONTACT EMAIL: _____

ALLERGIES: _____

_____ ALTERNATE CONTACT'S NAME: _____

CURRENT MEDICATIONS: _____ WORK PHONE: _____

_____ MOBILE PHONE: _____

FAMILY DOCTOR: _____

DOCTOR'S PHONE: _____

SKILL LEVEL: BEGINNER INTERMEDIATE ADVANCED (Please circle)

COMMENTS: _____

DECLARATION

Current financial member of SLS Yes/No _____

Currently proficient Yes/No _____

Requires the use of Club Board Yes/No _____

(If yes, I agree that I will return the board, wash it and put it away)

Parent signature: _____ DATE: _____

Paid: Office / Cash / On-Line