

Woo Skate Club

Alice Noble Ice Arena

*Reenrollment form- only for students who have completed the packet and have been enrolled in WSC the previous year.

Child's Name: _____

Sibling's Name: _____

Parent's Name: _____

Parent's Phone: _____

Home Address: _____

E-mail: _____

Transport from: _____ Days attending: _____

Emergency Contact:

Name: _____ Phone _____

Name: _____ Phone: _____

Authorized Adults to pick up your child:

Name: _____

Name: _____

Please list any changes in health history:

1. _____

2. _____

Please list any medications your child is currently taking:

1. _____

Would you like your child transported in a car seat? _____

Would you like your child to wear a helmet when skating? _____

Parent Signature: _____ Date: _____

*Please update us at any time during the school year of any changes in health history, emergency contact or authorized adults to pick up your child.