



JAMAICAN AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC. (JAAOCF)

Make Wise Choices: Skate, Don't Vape





Youth Engagement & Anti-Vaping Program

Participant Registration Form



Group of friends roller skating outdoors in a park

FREE Outdoor Roller Skating Program for Youth Ages 10-17

-  Learn to skate on sidewalks & park trails
-  Anti-vaping education & mentoring
-  Earn certificates & awards
-  FREE program t-shirt, skates & safety gear provided

 **8-Week Program** | 2 Days Per Week | 4:00 – 6:00 PM

 **Outdoor Locations** in Central Florida — Parks, Sidewalks, Trails

 **100% FREE — No Cost to Participants!**

For more information and to register, contact:

 (407) 403-4757 |  Email: info.jaaocfl@gmail.com |  Website: JAAOCF.com

Instructions: Please complete all fields. This form must be completed by a parent or legal guardian for participants under 18. Print clearly in ink.

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Gender: Male Female Non-Binary Prefer Not to Say

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School Name: _____ Grade: _____

T-Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L

Skate Size (shoe size): _____

Skating Experience Level: Beginner (never skated) Some Experience Intermediate
 Advanced

PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name: _____

Relationship to Participant: _____

Phone (Primary): _____ Phone (Alternate): _____

Email: _____

EMERGENCY CONTACT (other than parent/guardian)

Name: _____ Relationship: _____

Phone: _____

MEDICAL INFORMATION

Does the participant have any medical conditions, allergies, or physical limitations we should be aware of? Yes No

If yes, please describe: _____

Current Medications (if any): _____

Health Insurance Provider: _____ Policy #: _____

Physician Name: _____ Phone: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

School Church Community Center Social Media Friend/Family Flyer Other:

PHOTO / VIDEO RELEASE

"I grant permission for the Jamaican American Association of Central Florida to photograph and/or video record my child during program activities for promotional, educational, and reporting purposes."

Yes, I give permission No, I do not give permission

SIGNATURE

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY

Registration #: _____ Date Received: _____ Skate Size

Assigned: _____ T-Shirt Distributed: Yes