



# Group registration for Kids Skating

for the event \_\_\_\_\_

Inline Skating  Scooter

\_\_\_\_\_

Kindergarden / Club / School

\_\_\_\_\_

Adress

\_\_\_\_\_

Contact person / legal guardian

\_\_\_\_\_

E-mail of the contact person

\_\_\_\_\_

Phone number of the contact person

No.	Surname	First name	m / f	Date of bith
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

By signing, I accept the terms and conditions for SCC EVENTS sporting events.

As the accompanying adult, I have a signed letter of consent from the parent or guardian.

\_\_\_\_\_

Place, date

\_\_\_\_\_

Signature of a legal guardian

\_\_\_\_\_

Name in block letters