

# REGISTRATION/GET TO KNOW YOU FORM

As a participant you are important to us. Therefore, we have included a tool to get to know a little bit about you, in order that we can facilitate the best possible session for your needs. Information you provide us is not shared with anyone else.

**Full Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Pronoun (optional)** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province/State/District** \_\_\_\_\_

**Postal Code/Zip Code** \_\_\_\_\_ **Country** \_\_\_\_\_

**Cell Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Certifications: (List and other certifications you may have. Ex. First Aid, Concussion Training, etc.)**

\_\_\_\_\_

**1. What is one thing that makes you unique?**

\_\_\_\_\_

**2. What are some of your interests, other than skateboarding?**

\_\_\_\_\_

**3. List 3 things you love about skateboarding?**

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

**4. How many years have you been skateboarding?**

\_\_\_\_\_

**5. What is the most important thing you wish to take away from this training?**

\_\_\_\_\_

\_\_\_\_\_

