

# Skater's Intake Form

Please fill out this form as thoroughly as you can. If you don't know the answer, leave it blank or write "I don't know."

If you have any questions, feel free to email or text us them!

**Skater's First and Last Name**

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**Skater's Age**

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**Do you have a full sized skateboard?**

yes  no

**If yes, where from and what kind? If no, are you able to get a full sized board? Email or text us for recommendations!**

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**How long have you been skating? (circle one)**

I'm totally new!

I've been skating a few months

I've been skating for a year or longer

**Do you skate goofy or regular? (circle one)**

Goofy

Regular

I don't know!

**Have you ever been to a skatepark? (circle one)**

Nope!

I've been to one a few times

I go to the skatepark a lot

I basically live at the skatepark

If you've been to a skatepark before, which one(s)?

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What tricks can you already do (e.g. push, turn, tick tack, ollie, kick flip, carve)?

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What are you hoping to learn and what do you want to focus on?

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Emergency Contact Person's First and Last Name

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Emergency Contact Person's Phone Number

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