

SKAGWAY RECREATION CENTER
13-15 YEARS OF AGE ONLY
USE OF FACILITY PERMISSION REQUEST FORM

Name _____

Age _____ Phone _____

Parent/Guardian Name _____

Phone _____ Email _____

Please check all that apply:

_____ Weight Room

_____ Cardio Floor

_____ Yoga

_____ Pilates

_____ Spinning

_____ Other: _____

Use of facility requires adult supervision and may be revoked at any time by management.

Signature

Date

Staff Approval

Date