



Safe to Skate Pass

Participants Details

Participants Name:

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Date of Birth: /..... /.....

Diagnosis:

Participants Address:

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Doctor / Physicians Details

Full Name:

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Address:

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Phone Number:

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Consent

My patient has no current unstable medical problems that are a contraindication to participating in a roller skating or roller fitness exercise or activity training programme. I approve of and support their participation in this progressive strength, endurance, balance, flexibility-training exercise programme, and I have discussed the signs and symptoms, if any, that would make this exercise programme unsafe.

These symptoms are as follows:

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Please indicate any special recommendations or specific comments:

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Doctor/ Physicians Signature: **Date:** /..... /.....