

2017 Surf Camp Registration Form

Parent/Guardian Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Campers Information

Full Name: _____
Last *First* *M.I.*

Age: _____ Gender: _____ Height: [] [] " Weight: []

T-Shirt size?
 Small (Adult) Medium (Adult) Large (Adult)

Surfing Information

Have you ever surfed before?
 Yes No

If yes, what is your surfing ability?
 Beginner Intermediate Expert

Will you be bringing your own board?
 Yes No Maybe

Will you be bringing your own wetsuit?
 Yes No Maybe

Registration Policy

PLEASE SELECT A SESSION: Please specify the weekly session(s) that you are interested in attending. Sessions will be filled on a first come first serve basis. If you wish to sign up for multiple weeks you must go through this process for each session you wish to attend.

_____	_____	_____
(FIRST OPTION / Ex. SESSION 2)	(SECOND OPTION)	(THIRD OPTION)

INCLEMENT WEATHER Camp will be held at the Jacobs Elementary School gym on inclement weather days. If **four** or more days are spent inside during a camp session, campers will have the option to return for one day of camp at any time during the remaining camp season. The camp director must be notified at least one day in advance prior to the rollover day requested.

CANCELLATION POLICY Campers cancelling their surf camp session will receive a full refund if their cancellation is received per the following terms. All cancelations must be received at least **14 days** prior to the commencement of their camp session. There will be **NO** refunds for missed days, or for early dismissal from surf camp. Please make sure campers are physically and mentally prepared for their surfing adventure. Refunds are not given if a student doesn't like surfing or is intimidated by the ocean.

I have read and agree to all terms and conditions.
Signature _____

Date _____