SURF ACADEMY

2008 Summer Fun!
Wahine Surfsports Camp (girls only)
Kanaka Surfsports Camp (boys only)
Registration Form

Pratte's Reef
Dockweiler Bluffs at Lifeguard Tower 58

Child's Name: _____M/F Birth date: _____age on 6/23/08:____
If there is a brother and/or sister please name here: _____M_____F_____
Which child is taking the second child discount? _____ (see discount below)
Address: _____
City, Sate, Zip _____
Parent or Guardian's name_____
Phone Numbers: home: _____work: _____cell:_____
Emergency Contact Name: _____ phone:_____
Physician: _____ phone:_____

SELECT/CIRCLE WEEK and TIME

June 23-27	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
June 30-July 3	9-11:30AM $120	12-2:30PM $120	9-2:30 All Day $200**no camp 4th**
July 7-11	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
July 14-18	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
July 21-25	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
July 28-Aug 1	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
August 4-8	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
August 11-15	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
August 18-22	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250
August 25-29	9-11:30AM $150	12-2:30PM $150	9-2:30 All Day $250

SECOND CHILD DISCOUNT: AM or PM is $15 off per week; All Day is $30 per week
Payment options: We accept credit cards or check.

If using credit card: #__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__ exp. Date__/___
Circle type of card: Visa Master Card Amex
Cardholder name:_____
Cardholder billing address: _____
_____

Refunds: To receive a full refund (less a $25 cancellation fee) we need to hear from you two weeks prior to cancellation.

Waiver, Release and Assumption of Risk In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death: personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the County of Los Angeles, Surf Academy, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above activity deem necessary. I hereby irrevocably consent to the unrestricted worldwide use of my child's name and/or likeness by Released Parties, their successors and assigns, in connection with any advertising or promotional activities relating directly or indirectly to the Surf Academy Activities. I further agree that Released Parties may use any photographs, pictures, slides, films, and/or movies taken or made in which my child appears, or any reproduction of the same, in any reasonable manner or media.

Signature: _____ Date: _____

****CONFIDENTIAL**** **Please tell us of any physical or psychological condition your child has that we should know about:**
_____

Are they taking any medications? _____ Please name: _____

MAIL this signed application and full fee to: Surf Academy, 302 19th Street, Hermosa Beach, CA 90254.
FAX this signed application and credit information to (310) 943-3720 you may call in credit card information.
For more Information: Surf Academy (310) 372-2790 email: mary@surfacademy.com or www.surfacademy.com