Adult Surf Camp Registration

Name -

Age -

Address -

Medical Conditions -

Contact Information

Phone Number -

Email Address -

Emergency Contact

Name -

Phone Number -

**I agree and acknowledge that:**

1. I agree and abide by the safety rules established by the instructors so that my safety will not be compromised.
2. I understand that I will be removed as a participant and be ineligible for a refund – partial or in whole; should my behavior compromise the safety of myself or other participants.
3. I have no known medical condition that would place me in danger in this camp.

Participant’s Signature -

Date -

Please send the completed form and e-tranfer of the deposit ($100) back to Jeff at [normanjb@eastlink.ca](mailto:normanjb@eastlink.ca)