

JUNIOR SURF PROGRAMME

REGISTRATION FORM 2010

Name _____ **Age** (must be 8 years old or over) _____

Address _____

Postcode _____

Parent/Guardian contact numbers

Home _____ **Work** _____ **Mobile** _____

Email address _____

With safety being of paramount importance to us, it is necessary for our instructors to know of any illnesses or conditions the above student may have:

What surfing experience does the student have? _____

Can the student swim 50m? _____

All those students taking part in the water sessions must be able to swim 50m unaided

I have enclosed a cheque to the amount of £ _____

Cheques made payable to the 'Surf Shak'.

(£195 for the season)

I have selected the following:

Starting 5th Jun for 13 weeks

Saturdays

Starting 6th Jun for 13 weeks

Sundays (competent surfers only)

Please note that the Jersey Surf School and the Surf Shak will not be responsible in any way for any loss/damage to property or injury to persons who are using, or are under the supervision of the centre, or during a lesson.

I have understood and agree with the conditions stated overleaf.

Signed _____ **Date** _____

Printed Name _____

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