



# BIRTHDAY PARTIES Registration Form 2019

Name:  Age: (must be 6 years old or over)

Address:

Postcode:

Parent/Guardian Contact Numbers:

Home:  Work:  Mobile:

Email:

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. Please list anything you think is relevant.

Does the student have any surfing experience? None:  A little:

All students taking part in the water sessions MUST be able to swim 50m unaided. Tick the box to confirm they can:

Who's Birthday Party Is it?:

Party Date:

I enclose a cheque for £\_\_\_\_\_ (£30 per child) made payable to 'The Jersey Surf School'

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 to these conditions.

SIGNATURE:

PRINT NAME:

DATE:

**During season (May - October) please send form and remittance to:**

Jersey Surf School  
Bunker, Le Braye Slipway,  
Grande Route Des Mielles  
Jersey  
JE3 8FN

