

## **Camp Enrollment Form**

Please bring completed form with you the first day of camp for registration.

| First Name:                            |               |              |       | circle: Male / Female |  |
|--|---------------|--------------|-------|-----------------------|--|
| Last Name:                             |               |              |       | Age                   |  |
| Dates for Camp Attendance:             |               | Skill Level: |       |                       |  |
| Will surfer bring their own surfboard? | Yes           | /            | No    |                       |  |
| Parent or Guardians Information:       |               |              |       |                       |  |
| Name:                                  | Relationship: |              |       |                       |  |
| Address:                               |               |              |       |                       |  |
| City:                                  |               | St           | ate:  | Zip:                  |  |
| Cell Phone:                            | Но            | ome P        | hone: |                       |  |
| Other Emergency Contact:               |               |              |       |                       |  |
| Name:                                  |               |              | Rela  | tionship:             |  |
| Phone Numbers:                         |               |              |       |                       |  |
|  |               |              |       |                       |  |
| Medical Information:                   |               |              |       |                       |  |
| Allergies:                             |               |              |       |                       |  |
| Medical Problems:                      |               |              |       |                       |  |
| Medication/Instructions:               |               |              |       |                       |  |
| Notes:                                 |               |              |       |                       |  |
|  |               |              |       |                       |  |
| Parent/Legal Guardian signature:       |               |              |       | Date:                 |  |