

Mimi Munro Surf Camps LLC

Registration

Surfer's name _____
Address _____
Phone: _____ Emergency Phone: _____
Age _____ Surfing Experience: _____
Date of camp: _____
Parents Name: _____
Pre-existing health condition of concern? _____
Allergic reaction to jellyfish or insect sting? _____
Email: _____

Email Registration form and Zelle payment to:

mimimunrosurfcamps@gmail.com

or

Checks payable and mail to:

Mimi Munro Surf Camps LLC
3386 Relay Road
Ormond Beach FL 32174
(386) 672-5600

Photo Release

Mimi Munro Surf Camps strives to present children and adults in a complimentary and appropriate manner.

Photographs and videos may be used in advertising, printed material, such as informational and promotional brochures, and on our web site. Photographs may also be distributed to the news media for publication.

By signing this form, I give Mimi Munro Surf Camps LLC, permission to publish or use photographs and/or videos of me, along with my name, for art, advertising, trade, or public information.

I waive inspecting and/or approving the finished product, or the copy that is used in connection with the publication.

Date: _____ Name of surfer: _____

Address: _____

City/State/Zip: _____

NOTE: For minors, a signature is required by BOTH the minor and parent, or legal guardian.

Signature of surfer: _____

Signature of parent or legal guardian: _____

___ I do not want my child photographed

___ I do not want to be photographed