

JUNIOR SURF PROGRAMME

REGISTRATION FORM 2010

Name _____ **Age** _____

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, allergies 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 'Guernsey Surf School'.

(£195 for the season)

I have selected the following:

Starting 5th June for 13 weeks **Saturdays**

Starting 6th June for 13 weeks **Sundays (competent surfers only)**

Please note that the Guernsey Surf School 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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