

We Are Coaches, Inc.
Aqua-Adventures
Private Surf Lesson Registration

2945 Cape Sebastian Drive, Cardiff, CA 92007 (760) 436-1514
Registration confirmation will be mailed within 2 weeks of receiving this form/payment

PARENT/GUARDIAN NAME

LAST _____ FIRST _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
E-MAIL _____
HOME PHONE _____ WORK PHONE _____
CELL _____

STUDENT NAME

LAST _____ FIRST _____
GENDER F M AGE _____ CURRENT GRADE _____ HEIGHT _____ WEIGHT _____
SWIM SKILL Little _____ Moderate _____ Strong _____ Can swim 200 yards? Y N
SURF SKILL Never _____ Beg. _____ Other _____

Lesson Day: _____ Lesson Date: _____ Start Time: _____ End time: _____
Location Preference: 1st choice _____ 2nd choice _____

Which equipment you will need?

___ Surfboard size _____ Wetsuit Shirt Size: YM YL YXL AS AM AL AXL

Office only:

Have you taken lessons or attended camp with us before? Yes No

FORM OF PAYMENT Make checks payable to: WE ARE COACHES, INC.

IF PAYING BY CREDIT CARD (ADDITIONAL \$4 FEE):

CREDIT CARD # _____ EXP. DATE _____

PRINT NAME AS SHOWN ON CARD _____

PHONE _____

I hereby authorize you to use my credit card for the above the **Aqua-Adventures Beach & Surf** Enrollment

Signature of card holder _____ Date _____

- \$100 deposit required to confirm a lesson date and location. Complete payment is due on the day of the lesson.
- A full refund will be issued for any program canceled by We Are Coaches, Inc. Activities are subject to change.
- \$50 PROCESSING FEE IS CHARGED FOR EACH CAN
- If you cancel less than ten (10) working days before the activity starts you will not receive a refund. Refunds take 2-3 weeks to process.

If you prefer not to have photos of you or your children used in our marketing materials, sign here _____

RELEASE FROM LIABILITY AND INDEMNIFICATION (Please read before signing)

"I certify that I am a parent or a guardian of _____ and intend to enroll him/her in the above referenced activity. On behalf of myself and my child I agree to waive and release We Are Coaches, Inc. and its officers, agents, and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising out of my child's participation in this program or any illness or injury resulting there from except injury deliberately or willfully caused. I understand that if my child is injured this waiver will be used against me and anyone else claiming damage because of my child's injury in any legal action. I agree that pictures taken during program hours may be used for future promotional purposes. I also understand that no employee or agent is authorized to modify this waiver."

I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE AND AGREE TO THE REFUND/CANCELLATION POLICY LISTED ABOVE.

Signature _____ Date _____

MEDICAL EMERGENCY RELEASE

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the State of California and release and discharge We Are Coaches, Inc. and agents, or employees from any and all claims for personal injury.

MEDICAL INFORMATION

Family Physician _____ Phone _____

Insurance Company _____ Type of Coverage _____

Pertinent medical History information (Epilepsy, diabetes, allergies, etc.) _____

In case of emergency (if parent cannot be contacted) please notify:

Name _____ Phone _____ Cell _____

Scan & Attach this and e-mail to: peg@wearecoaches.com OR mail to the address at top of page