

We Are Coaches, Inc.

Aqua-Adventures Beach & Surf Camp 2012 Registration

Mail to: 2945 Cape Sebastian Drive, Cardiff, CA 92007 (760) 436-1514

Adult Name(s) Last _____ First _____
 Address _____ E-mail _____
 City _____ Home Phone _____ Work Phone _____
 State _____ Zip _____ Cell _____ Other _____

Circle desired session(s) below: Registration confirmation will be mailed within 2 weeks of receiving this form/payment

Week #	Session A	Session B	Session C	Week #	Session A	Session B	Session C
(1) 5/30	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(2) 6/6	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(3) 6/13	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(4) 6/20	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(5) 6/27	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(6) 7/5**	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(7) 7/11	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(8) 7/18	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(9) 7/25	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(10) 8/1	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(11) 8/8	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(12) 8/15	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm
(13) 8/22	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm	(14) 8/29	9:30-1:00pm	1:00-4:30pm	9:30-2:30pm

____ OR Check here for SESSION D : 3 days/week (any days, any weeks), 9:30-2:30pm Please, circle your desired days for Session D: M T W Th F
 ____ OR Check here for SESSION E: 3 days/week (any days, any weeks), 9:30-1:00pm Please, circle your desired days for Session E: M T W Th F

Location Preference 1st choice _____ 2nd choice _____ **** Week (6) is a 4-day wk, excluding Monday, July 4th**

Please inquire about individual surf lessons and group surf clinics.

Aqua-Adventures Teen Beach Excursion 10:0am to 3:00 pm (M-F)
 WEEKLY FEES: \$395 @ 5 hrs/day

**WEEKLY FEES: \$285 @ 3.5 hrs/day for 5 days (sessions a or b) // \$200 @ 5 hrs/day for 3 days (session e)
 \$370 @ 5 hrs/day for 5 days (session c) // \$225 @ 5 hrs/day for 3 days (session d)**

Before or after camp hours – Craft & Play Downtime Fun, 8:00-9:30am and 2:30-5:30pm, \$10/hour **Group Discounts Available

GROUP DISCOUNT: \$15/camper for 2-3 registrants; \$30/camper for 4 or more registrants

1. CAMPER NAME

LAST _____ FIRST _____
 Age _____ School _____ Swim Skill _____

WEEK NUMBERS/Dates (circle desired) 1 2 3 4 5 6 7 8 9 10 11 12 13 14
 Surf Skill Never _____ Beg. _____ Other _____

2) CAMPER NAME

LAST _____ FIRST _____
 Age _____ School _____ Swim Skill _____

WEEK NUMBERS/Dates (circle desired) 1 2 3 4 5 6 7 8 9 10 11 12 13 14
 Surf Skill Never _____ Beg. _____ Other _____

Please, 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 Camp Enrollment

Signature of card holder _____ Date _____

- \$75.00 PROCESSING FEE IS CHARGED FOR EACH CANCELLATION
- A full refund will be issued for any program canceled by We Are Coaches, Inc. Activities are subject to change.
- 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.

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."

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 _____
 Name _____ Phone _____

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

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

Signature _____ Date _____