

Christian Surfers Youth Camp

REGISTRATION FORM 2009

Name _____ **Age** (must be 8 years old or over) _____

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 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 £ _____ (£150 per child)

Cheques made payable to the 'Christian Surfers Jersey'.

Monday – Friday 09:00am to 3:00pm 20th – 24th July 2009 – Food & Drinks included

If you have any special dietary requirements or food allergies please specify here: _____

Please note that the Jersey 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 _____

To contact Christian Surfers Jersey: cirsty@csjersey.org

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