



## Registration Form

Surfer's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

List any medical problems, allergies, medications, etc:

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Payment: Credit Card/Cash/Check# \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_