

# 2019 Bunger Surf Camp Application

## 3-Day Surf Camp

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

Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Does your child have a history of medical disorder? Yes No

If yes, Explain \_\_\_\_\_

Attach a doctor's note for any medical disorder.

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DATES: \_\_\_\_\_

### 3 Day Surf Camp-10am-2pm. \$375.00 per child

Any cancellations due to weather or lack of waves will be made up on a different date, or the participant will be credited each missed day the following year. There are **NO REFUNDS** for missed days due to weather, lack of waves, days will be rescheduled. There are **no MAKE-UPS OR REFUNDS** for missed classes on the part of the participant for any reason. We reserve the right to remove any unruly or misbehaved participants without refund or make-up

I, \_\_\_\_\_, hereby release and discharge Gilgo Beach Surf Rentals Inc, Bunger Surf & Sports Inc. and the Town of Babylon, its heirs, executors, administrators, instructors, successors, and assigns from all actions, causes of actions, suits, damages, judgments, extents, Releasor's heirs, executors, administrators, successors, guests, and assigns ever had, now have or hereafter can, shall or may, have, for, upon, or by reason of any matter, cause or thing whatsoever arising out of the rental of said surfboard or the participation in a surf lesson or surf clinic. I the undersigned have read this entire waiver and Release and I'm signing it freely and voluntarily before taking said surf lesson or surf clinic, or the renting of said surfboard. I understand that I and or my legal guardians are legally bound by the terms and provisions contained herein. I attest and verify that my child is physically fit and has my permission to participate in a surf lesson, surf clinic and the use of a surfboard. I have read and understand the foregoing release.

Signature of Parent or Guardian

X \_\_\_\_\_ Date: \_\_\_\_\_