



**Participant Registration**

Name (parent's name if participant is under the age of 18) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

First Name of Participant \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Please list any any previous injuries, medical conditions, or any special problems/known allergies that we should be aware of** \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Swimming Ability (circle one): Beginner Intermediate Advanced      Surfing Ability: Beginner Intermediate Advanced

How did you hear about us? \_\_\_\_\_ Referred By \_\_\_\_\_

**Participant Schedule**

**Circle your surf package:**

Team Da Kine (Fitness/Therapy/Social Skills)		Team Hoku (Recreational Surfing)	Team Hoku (Recreational Surfing) Private Group/Single Lesson
1:1 Ratio	2:5 Ratio	Up to a 1:3 Ratio	
Single Session:		Single Session:	<b>Number of Students:</b>
4 sessions:		4 sessions:	
8 sessions:		8 sessions:	

**Add Your Session Dates:**

Team Da Kine (Fitness/Therapy/Social Skills)	Team Hoku (Recreational Surfing)	Team Hoku (Recreational Surfing) Private Group/Single Lesson
Date(s): Fee:	Date(s): Fee:	Date(s): Fee:

**Signature REQUIRED on reverse side**



## Cancellation Policy

All lessons will be conducted at their scheduled time unless weather conditions warrant otherwise. SHAKA SURF CLUB reserves the right to cancel any lesson if we feel ocean conditions are too dangerous. However, credit can be applied towards a future lesson, class, etc. upon rescheduling due to unsafe conditions.

**Cancellation:** Surf packages are non-refundable. We do offer make-ups/reschedules; please see our Reschedule policy below for details. There is no refund and/or credit given for those who DO NOT show for a scheduled lesson without **48 hours prior notification**.

**Rescheduling:** You must give at least **48 hours notice** prior to your scheduled lesson in order to receive a full credit. You can then reschedule **within 30 days** of the canceled lesson using your credit only.

Participants must provide a signed Registration Form/SHAKA SURF CLUB RELEASE FROM LIABILITY AND ASSUMPTION OF RISK FORM **prior to or the day of the service** or SHAKA SURF CLUB instructors reserve the right NOT to teach potential participants. Participants will not be entitled to any refunds, credits and/or lessons, if they do not sign and bring liability form(s).

It is the participants responsibility to bring the liability form to the beach at the latest. If need be, please communicate with the SHAKA SURF CLUB staff to make additional arrangements prior to the day of service.

## Release From Liability and Assumption of Risk

For, and in consideration of the participation in the surf instruction by Shaka Surf Club, I do hereby for myself, and/or (the undersigned parents or guardians) of the child/minor participant, executors, and administrators, agree to forever waive, release, acquit, discharge, and hold harmless, the surf instruction by Shaka Surf Club, Positive Horizons Youth Services, New Jewish Community High School, LK Aquatics Services, County of Los Angeles, City of Los Angeles, City of Malibu, City of Santa Monica, City of Venice, County of Ventura, State of California, and its successors, principals, officers, employees, volunteers, servants, and agents from any and all liability, rights, damages, claims, actions, costs, loss of service, expense and compensation, on account of or in any way arising from (1) any and all known or unknown personal injuries, property damage, and death, which may be sustained while taking surfing lessons with Shaka Surf Club, or any other surf-type activity, or renting or using a surfboard or other property owned or under the control of Shaka Surf Club, or (2) any and all claims or rights of action for damages which said participant has or may hereafter have either before or after reaching his/her majority, resulting or to result from in connection with participation in and/or arise out of travel to or returning from said program, or (3) any death or injury which results or increases by any action taken to medically treat me, my child, or my ward.

All of the terms above shall apply whether or not caused by the alleged negligence, whether active or passive, or any acts of omissions of Shaka Surf Club, Positive Horizons Youth Services, New Jewish Community High School, LK Aquatics Services, County of Los Angeles, City of Los Angeles, City of Malibu, City of Santa Monica, City of Venice, County of Ventura, State of California, and its successors, principals, officers, employees, volunteers, servants, and agents; whether known or unknown by me at this time, and I waive the provisions of Civil Code Section 1542, which states, "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I have read, understand and agree that this Release From Liability and Assumption of Risk is to be interpreted in a way to maximize its enforceability, and that if any portion of this agreement is found to be invalid, the remainder of the Release From Liability and Assumption of Risk remains in effect. If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this Release, its significance and the assumption of risk, has been explained to and understood by said minor child or ward. I hereby declare, under a penalty of perjury, that I am the parent or legal guardian of the named participant.

## Registration and enrollment cannot be completed without a signature and date

I have read, understand and agree to the Shaka Surf Club policies and Release From Liability and Assumption of Risk listed above and on the reverse side. I further agree to:

- Give authorization in accordance with the provisions of Section 25.8 of the Civil Code of California, to any Physician or Surgeon, licensed under the provision of Medical Practice Act, for the said participant to receive medical care and/or emergency treatment when necessary. Any expenditure for care is my personal responsibility.
- Allow my image or if my child is enrolled, then my child's image to be used in any and all promotional photographs, videos or web sites.
- Not hold Shaka Surf Club responsible for any personal belongings or personal athletic equipment that are lost or damaged by theft, fire, natural disaster or any other occurrence.

Print Full Name of  
Participant \_\_\_\_\_

Signature (of parent/guardian of participant is under the age of 18) \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

