



# Big Dog Surf Camp Registration Form 2017

Complete this registration form. Read and sign the "release of liability" and return with a \$200.00 deposit per person, per session. If your requested session is full, you have the option of being placed on a waiting list. You will receive a conformation phone call when your deposit and completed form are received. You will also be sent a confirmation email including: balance due, suggested packing list, and directions to camp. Your remaining balance is due Monday morning at registration. Cash and Checks are accepted. **Participants must be 5 years of age or older and able to swim.**

Surfer's name: \_\_\_\_\_ Nick Name \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male  or Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(for wetsuit size)

Parent(s) names: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
(Please \*star\* best number to be reached during camp hours)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Health Insurance Provider & Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Surfing Ability: Never Surfed Before  Beginner  Intermediate  Advanced

Please note any special information that we should be aware of (*i.e. medical issues, medication, allergies, or special dietary needs*). \_\_\_\_\_

Check the session(s) you would like to attend:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Session 1:</b> June 5 – 9           | <input type="checkbox"/> <b>Session 7:</b> July 17 – 21    |
| <input type="checkbox"/> <b>Session 2:</b> June 12 – 16         | <input type="checkbox"/> <b>Session 8:</b> July 24 – 28    |
| <input type="checkbox"/> <b>Session 3:</b> June 19 – 23         | <input type="checkbox"/> <b>Session 9:</b> July 31 – Aug 4 |
| <input type="checkbox"/> <b>Session 4:</b> June 26 – 30         | <input type="checkbox"/> <b>Session 10:</b> Aug 7 – 11     |
| <input type="checkbox"/> <b>Session 5:</b> July 5 – 7 (holiday) | <input type="checkbox"/> <b>Session 11:</b> Aug 14 – 18    |
| <input type="checkbox"/> <b>Session 6:</b> July 10 – 14         | <input type="checkbox"/> <b>Session 12:</b> Aug 21 – 25    |
|   | <input type="checkbox"/> <b>Session 13:</b> Aug 28 – Sep 1 |

Return this completed form (two pages total) with your deposit (\$200) to:

IAN GLOVER  
1542 48th Ave #4  
San Francisco, CA. 94122

Make checks Payable to: IAN GLOVER

Questions? Call (415) 518-3805

