

Salty Grom Surf Camp Enrollment Form

Bolsa Chica State Beach

Student Name	
Height & Weight	
Birth Date	
Parent/Guardian	
Address	
City, State, Zip	
Telephone	
Email	
Emergency Contact	
Camp/Lesson Date	

Payment Information: Please send this completed form and a check to
1009 Westwood Ave. Santa Ana, Ca 92703.

Make check payable to Salty Grom Surf Camp. Or fill out credit card informaton below.

Credit Card: _____

Credit Card #: _____

Experation date: _____

Name Credit Card: _____

Security Pin #: _____

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Disclaimer: This release limits your rights to recover any damages in case of an accident. This must be signed. In consideration of your acceptance of my application form, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, hold harmless and release Salty Grom Surf Camp, U.S. Government, the City and County governments concerned, the State of California, their members and agents, any officials or employees connected with this school and any sponsor of Salty Grom Surf Camp from any responsibility or liability or any injury or property damage arising from my or my child's participation in Salty Grom Surf Camp. In addition, I certify that I or my child is qualified to swim in the ocean and understand that any violation of rules set forth by "Rules of the Beach" on my part or on the part of my child will be due cause for me or my child's immediate dismissal from this school with no refund. I also understand that any deposit and/or tuition are not refundable. I acknowledge that I have read and understand all of the above.

In addition, all pictures taken at camp can be used to promote camp through advertising. In the event of a beach closure, all water activities will be restricted until the State Park authorities provide the camp management with the clear to re-enter the water.

Emergency Authorization: I am the undersigned parent or legal guardian of the above student, a minor, hereby authorize the staff of Salty Grom Surf Camp, the above identified Emergency Contact and/or other surf school officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

Signed: _____

Date: _____