



# Anna Bay SurfSchool Registration Form



**Important: Please circle or highlight preferred lesson programs, in the box below & return completed registration form with correct time & date with Cheque / Money order or credit card to: PO BOX 40, Nelson Bay 2315, NSW**

Type of Lesson..... Lesson Date(s) .....

Lesson Time: ..... Lesson Day(s) .....

Name.....

Date of Birth..... Age.....

Street .....

Suburb..... Postcode..... State.....

Phone..... Mobile.....

Email.....

Can you swim 25 metres? Yes / No How did you hear about Anna Bay Surf School? (Please circle)

Word of mouth – Our Website - In which magazine.....? - Tourist Info - School newsletters -

Paper advert - Brochures (where did you see them)..... Walked passed saw the signs?

Saw a lesson on the beach? Other.....

**School holiday & events programs**

Sept / Oct school holiday 2 or 3 day programs  
 November 5 week Local Program  
 November Rip Curl Girls Go Surfing Day  
 Dec/Jan school holiday 2 or 3-day programs  
 February 5 week local Program  
 April school holiday 2 or 3-day course  
 Easter long weekend 2 day course  
 July school holidays 2 or 3 day course

### Surfers Medical Information

Please indicate medical conditions that coaches should be aware of.

Are you affected by ASTHMA..... EPILEPSY..... ALLERGIES.....

Have you suffered major injury or illness recently?? Details.....

### INDEMNITY DECLARATION

I and / or my dependant wish to take part in Anna Bay SurfSchool coaching activities as indicated on this registration form and agree to abide by the following conditions, (a) I acknowledge this activity is conducted in an environment controlled by natural elements and therefore I will abide by all safety instructions. (b) I agree to indemnify Anna Bay SurfSchool & staff, Port Stephens Council, its officers and agents against all claims, demands, actions and liabilities arising from my Childs / My participation in this activity.

(c) I understand that NO refund will be given unless the lesson / course is cancelled due to insufficient environments. (d) I also agree to allow the use of any moving or still photo taken of me / dependant for the purpose of advertising by Anna Bay SurfSchool.

Signed.....

Date.....

Please tick boxes

### **PAYMENT DETAILS**

Yes, I &/or my dependant would like to participate in one of your surfing programs in October a cheque/money order is enclosed

Or please charge my: Visa  MasterCard  Name.....

Name on the card..... Address ..... Suburb .....

CARD NUMBER \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Post Code..... State.....

EXPIRY DATE \_ / \_ / \_ SIGNATURE ..... Phone..... Details as above

Note: All credit card payments incur a 2% fee