



Signup Form

Participants Name	
Birth Date	
Parent/Guardian	
Address	
City	
Zip Code	
Phone #	
Cell #	
Work #	
Email	
Friend/Relative #1	
Friend/Relative #2	
Insurance Carrier	
Policy #	
Physician	
Physician Phone #	
Pre-Existing Medical Conditions	

Private Lesson

Please give us a call at (949) 910-5251 or email info@barneysurfschool.com to schedule an appointment.

Day Camps (9am - 2pm)

Please Enter Date(s) of Participation:

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 Barney's Surf School, US Government, the city and County Governments concerned, the state of California, their members or agents any officials or employees connected to this school and any sponsor of Barney's Surf School from any responsibility or liability or any injury or property damage arising from my or my child's participation in Barney's Surf School. In addition I certify that I or my child is qualified to swim in the ocean and understands that any violation set forth by "Barney's Rules" or my part or my on the part of my child will be due cause for my or my child's immediate dismissal from this school with NO REFUND. I understand that any deposits and or tuitions is "NOT REFUNDABLE" for any reason. I also understand that being late for a scheduled class or orientation my result in waiting for the next scheduled class or orientation. I acknowledge that I have read and understand all of the above.

Signature _____

Date _____