

# Santa Barbara Surf Adventures Application

Date of Session (s) Desired \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ M F (circle one) DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Youth Adult (circle one)

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Ocean Skill Level: Beginner Intermediate (circle one) Swimming Skill Level: Beginner Intermediate (circle one)

Circle if you have any of the following you want to use at camp: wetsuit surfboard bodyboard

## **Health Information:**

Does your child have any special needs? Circle one: Autism ADD ADHD Diabetes

Please indicate any special care that your child may need: \_\_\_\_\_

\* For Autistic children, there must be an aid that is present throughout the duration of the day/week

List any medications your child will be on while at camp and instructions for dispensing any medication he/she will have to take during camp \_\_\_\_\_

List any allergies and the responses your child has. Attach a separate sheet to list mediations or procedures to follow in case of an allergic reaction \_\_\_\_\_

## **Emergency Contact Information:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Mother \_\_\_\_\_ Ph: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Father \_\_\_\_\_ Ph: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Other (relationship?) \_\_\_\_\_ Ph: (day) \_\_\_\_\_ (cell) \_\_\_\_\_

**\* Please sign release and hold harmless authorization for treatment of minor on back of form**

## **What to Bring:**

Sun hat, sunscreen, towel, sweatshirt, swimsuit, drinking water and a big smile ☺ Lunch is provided by Shoreline Café.