

# Sol Surf Camp Inc. Registration Form

**A surf camp for kids from six and up who want to learn how to surf in the new styles with the old soul.**

**Surf Camp @ 22nd Street, Del Mar**

Return Registration Form and Payment to:

Sasha Kukulj

5344 El Noche Way, San Diego, CA 92124

Phone: 619-889-0404

E-mail: [solsurf@earthlink.net](mailto:solsurf@earthlink.net)

Web: <http://www.solsurfcamp.com>

**Child's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Pager \_\_\_\_\_  
Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Pager \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Information

Please list the persons, other than parents, who can be called in case of an emergency.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please list the persons who are authorized to pick up your child from camp.

Name	Relationship
_____	_____
_____	_____

## Health Information

Please list any allergies or medical conditions your child has.

Please list any medication your child is currently taking.

Health insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

My child is a(n). . .

Beginning Surfer

Intermediate Surfer

Will be bringing their own surfboard.

Please indicate the week(s) and time(s) that your child would like to attend Sol Surf Camp

Dates	8:30 a.m. - 12:30 p.m.	12:30 p.m. - 4:30 p.m.
June 20-24, 2011		
June 27-July 1, 2011		
July 5-8, 2011		
July 11-15, 2011		
July 18-22, 2011		
July 25-29, 2011		
August 1 - 5, 2011		
August 8-12, 2011		
Aug 15-29, 2011		
August 22-26, 2011		

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How did you hear about us ? \_\_\_\_\_

## FEES

**DEPOSITS-** To insure that your child will have a place in camp, a **non-refundable deposit of \$50.00** should be sent in advance to Sasha Kukulj or Sol Surf Camp Inc, 5344 El Noche Way, San Diego, CA, 92124. Please make checks payable to **Sasha Kukulj or Sol Surf Camp Inc.**

**WEEK LONG CAMPS-** 8:30am-12:30pm OR 12:30pm-4:30pm

**One week** of camp for one child is **\$280.00**. You may send payment made out to **Sasha Kukulj or Sol Surf Camp, Inc.**, 5344 El Noche Way, San Diego, CA, 92124. **CAMP MUST BE PAID IN FULL ONE WEEK BEFORE CAMP STARTS.**

**PAYMENT METHODS-** Cash, Check, or Money Order. A \$50.00 deposit is required to reserve your child's place in camp. Complete payment is due **ONE WEEK BEFORE CAMP STARTS.**

**CANCELATIONS AND REFUNDS-** Refunds will be given, less the \$50.00 deposit, for a paid week of camp if a request is made at least 48 hours prior to the first day of camp. There will be **NO REFUNDS** for kids who are asked to not come back to camp because they don't follow the safety rules.

CHILD'S NAME \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_