



Surfing Academy Application Form

Student Profile:

Full Name: _____
First Name *Middle Name* *Family Name*

Street Address: _____

Postal Address: _____

Phone Number: _____ Cellphone _____

Date of Birth: _____ Male / Female

Ethnicity (*please state*) _____

Family Profile:

Full Name Father/Caregiver: _____
First Name *Middle Name* *Family Name*

Ph (hm): _____ Ph (wk) _____ Celph _____

Full Name Mother/Caregiver: _____
First Name *Middle Name* *Family Name*

Ph (hm): _____ Ph (wk) _____ Celph _____

Health Information:

Allergies: _____

Asthma

Inhaler Required

Bee Sting Allergy

Diabetes

