First name: Last name

Address:

Country:

Phone:

Email:

Date of birth: Gender:

Emergency contact:

* Name:
* Phone:
* Country

Do you have a travel insurance?

Medical conditions (that we need to be aware):

Level of surfing:

* Never
* Surfed a little
* Intermediate
* Advanced

Swimming ability:

* Novice Swimmer
* Intermediate Swimmer
* Advanced

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be signed by Parent/legal Guardian if the student is under the age of 18)

Disclaimer: I am aware I am undertaking the program offered by THEYOGISURFER at my own risk. I hereby acknowledge that participation in sporting activities by THEYOGISURFER carries with its potential hazards. I agree to release the members, sponsors and their agents from any liability resulting from injuries or damage what so ever arising from my participation or presence.