

NICK THORN SURF COACHING

CANDIDATE REGISTRATION FORM

Permission is given for surfers contact details to be entered into the Nick Thorn database and held in accordance with the Data Protection Act 1998. This information will not be forwarded to third parties.

DATE OF SURF LESSON _____

NAME _____ **DOB** _____ **SEX** **M / F**

ADDRESS _____

POSTCODE _____ **TEL** _____

EMAIL _____

EMERGENCY CONTACT

NAME	_____
RELATIONSHIP	_____
TELEPHONE	_____

SURFING LEVEL SURFED NEVER SURFED

SWIMMING LEVEL CONFIDENT NOT CONFIDENT

ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR SAFETY

Asthma

Epilepsy

Heart Probs

Pregnancy

Other: _____

HOW DID YOU HEAR ABOUT NICK THORN SURF COACHING?

The surf sessions are photographed by a fully insured professional surf photography company. Images will be available for purchase/collection the day after your session or can be posted on to the address supplied on this form.

Please tick box to confirm you have read and understood the Terms & Conditions

This must be ticked before your course starts.

Signature _____ Date _____

(Parent/Guardian must sign if the course participant is under 18 years old)