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NORTH WOLLONGONG BEACH
 THE FARM (KILLALEA STATE PARK)



REGISTRATION FORM

DATE: _____ TIME: _____ AMOUNT DUE: _____

DURATION: _____ PAID: _____

Lesson Type: (please tick appropriate boxes)

<input type="checkbox"/>	Lesson	<input type="checkbox"/>	1hr.	<input type="checkbox"/>	2hrs
	School Name:				
	SURFING				
	SUP				
	PASS				
	Other:		\$		\$

Name: _____ Date of Birth: _____

Address or country of origin: _____

Ph#: _____ E-mail: _____

Illness, allergy, medical condition, or current medication: _____

Level of ability: Beginner Intermediate Advanced

APPLICANT'S DECLARATION AND INDEMNITY · I understand and acknowledge that surf activities are dangerous and that there are inherent risks which may result in serious injury to myself. Additionally, waves/ocean can act in a sudden and unpredictable (changeable) way. · There is a condition called Surfers Myelopathy that can result in paralysis below the waist. It is extremely rare and appears to result when the spine is arched. It is not conclusive who may be affected, although cases have been in adults. Prior to onset, legs may feel weak, there is back or leg pain or discomfort, possible tingling may occur with the discomfort and pain intensifying. Any of these symptoms should be immediately reported to the surfing instructor during the surf lesson. I agree that Pines Surfing Academy (PSA) retains the right to utilise images of participation in the above activity or lesson for the purposes of promoting PSA. · I declare that I can swim 50 metres (150 feet). · I declare that I do not have any medical or physical conditions that would affect my participation in the activity. (e.g. please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.) · I agree not to drink alcohol or take prohibited drugs before or during surf activities. · I authorise the PSA to arrange medical or hospital treatment as necessary and I agree to pay for all associated costs. Where such medical or other costs are the result of an act, omission or negligence of PSA, its staff, or sub-contractors, I have the right to seek compensation from PSA for the expense. · I declare I do not have any COVID19 or flu symptoms and agree to always abide by social distancing. · I ACCEPT THE RISKS INVOLVED and will be responsible for my own actions and /or involvement in PSA activities. I acknowledge that in signing this document, PSA has warned me and/or my child that certain inherent risks and dangers may exist in the activities in which my child will be participating. I agree to release from liability PSA and its employees and sub-contractors to the extent that any injury or death is not caused by the omission or negligence of PSA, its employees, volunteers, or sub-contractors.

Signature of Applicant: _____ Date: _____

(Parent or guardian must fill out section below if applicant is less than 18 years of age.) I, _____ am the parent or guardian of the applicant. I agree to personally accept the conditions set out in this application and declaration. Signature of Parent / Guardian: _____ Date: _____