

# INDO JAX REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS!

- \* Outreach Programs
- \* Surf School
- \* Tutoring



Students Name		Parent or Guardians Name(if student is under 18)	
Address		City	State
			Zip
Day Phone		Evening Phone	
Email Address		Student's Age	Student's Height
			Student's Weight

Emergency Contact Name		Emergency Contact Phone	
How did you hear about us?		Dates and Time you wish to sign up for:	
Deposit \$20 Cost per person \$		Swimming Ability:	
Comments, Special Needs, Medical Conditions we should know about:		Any Allergies?	