

# We Are Coaches, Inc.

## Aqua-Adventures Beach & Surf Camp

**2010 Registration**  
 Early registration ends April 15, 2010

Mail to: 2945 Cape Sebastian Drive, Cardiff, CA 92007 (760) 436-1514

Adult Name(s) Last \_\_\_\_\_ First \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail \_\_\_\_\_  
 City \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Circle desired session(s) below: Registration confirmation will be mailed within 2 weeks of receiving this form/payment

5/31	1a	9:30 - 1:00pm	1b	1:00 - 4:30pm	1c	9:30 - 2:30pm	6/7	2a	9:30 - 1:00pm	2b	1:00 - 4:30pm	2c	9:30 - 2:30pm
6/14	3a	9:30 - 1:00pm	3b	1:00 - 4:30pm	3c	9:30 - 2:30pm	6/21	4a	9:30 - 1:00pm	4b	1:00 - 4:30pm	4c	9:30 - 2:30pm
6/28	5a	9:30 - 1:00pm	5b	1:00 - 4:30pm	5c	9:30 - 2:30pm	7/5	6a	9:30 - 1:00pm	6b	1:00 - 4:30pm	6c	9:30 - 2:30pm
7/12	7a	9:30 - 1:00pm	7b	1:00 - 4:30pm	7c	9:30 - 2:30pm	7/19	8a	9:30 - 1:00pm	8b	1:00 - 4:30pm	8c	9:30 - 2:30pm
7/26	9a	9:30 - 1:00pm	9b	1:00 - 4:30pm	9c	9:30 - 2:30pm	8/2	10a	9:30 - 1:00pm	10b	1:00 - 4:30pm	10c	9:30 - 2:30pm
8/9	11a	9:30 - 1:00pm	11b	1:00 - 4:30pm	11c	9:30 - 2:30pm	8/16	12a	9:30 - 1:00pm	12b	1:00 - 4:30pm	12c	9:30 - 2:30pm
8/23	13a	9:30 - 1:00pm	13b	1:00 - 4:30pm	13c	9:30 - 2:30pm	8/30	14a	9:30 - 1:00pm	14b	1:00 - 4:30pm	14c	9:30 - 2:30pm

You can also choose Session D: 3 days/wk (any days, any weeks), 9:30-2:30pm  
 \_\_\_\_\_ check here for this option      circle desired days: M T W Th F

**Aqua-Adventures Teen Beach Excursion** Hours 10:00 am to 3:00 pm (M-F)  
 WEEKLY FEES: \$395 @ 5 hrs/day

Location Preference 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

*Please inquire about individual surf lessons and group surf clinics.*

**WEEKLY FEES: \$285 @ 3.5 hrs/day (sessions a or b), \$370 @ 5 hrs/day (session c)**  
**\$265 @ 5 hrs for 3 days (session d)**

**Before or after camp hours – Craft & Play Downtime Fun, 8:00-9:30am and 2:30-5:30pm, \$7/hour**  
**GROUP DISCOUNT: \$15/camper for 2-3 registrants; \$30/camper for 4 or more registrants**

**Two Discount Offers**

**\$10 off each session for early registration by April 15, 2010**  
 and  
**Single \$10 discount for taking our survey at <http://www.surveymonkey.com/s/FG2RP5C>**

**1. CAMPER NAME**  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
 Swim Skill \_\_\_\_\_  
 GENDER \_\_\_\_\_ AGE \_\_\_\_\_  
 SESSION (start date) \_\_\_\_\_, (time) \_\_\_\_\_  
 Surf Skill Never \_\_\_\_\_ Beg. \_\_\_\_\_ Other \_\_\_\_\_

**2. CAMPER NAME**  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
 Swim Skill \_\_\_\_\_  
 GENDER \_\_\_\_\_ AGE \_\_\_\_\_  
 SESSION (start date) \_\_\_\_\_, (time) \_\_\_\_\_  
 Surf Skill Never \_\_\_\_\_ Beg. \_\_\_\_\_ Other \_\_\_\_\_

FORM OF PAYMENT \_\_\_\_\_ Make checks payable to: WE ARE COACHES, INC.

**IF PAYING BY CREDIT CARD (ADDITIONAL \$4 FEE):**  
 CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PRINT NAME AS SHOWN ON CARD \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby authorize you to use my credit card for the above the Aqua-Adventures Beach & Surf Camp Enrollment

Signature of card holder \_\_\_\_\_ Date \_\_\_\_\_

RELEASE FROM LIABILITY AND INDEMNIFICATION (Please read before signing)

"I certify that I am a parent or a guardian of \_\_\_\_\_ and intend to enroll him/her in the above referenced activity. On behalf of myself and my child I agree to waive and release We Are Coaches, Inc. and its officers, agents, and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising out of my child's participation in this program or any illness or injury resulting there from except injury deliberately or willfully caused. I understand that if my child is injured this waiver will be used against me and anyone else claiming damage because of my child's injury in any legal action. I agree that pictures taken during program hours may be used for future promotional purposes. I also understand that no employee or agent is authorized to modify this waiver."

MEDICAL EMERGENCY RELEASE

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the State of California and release and discharge We Are Coaches, Inc. and agents, or employees from any and all claims for personal injury.

MEDICAL INFORMATION

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Type of Coverage \_\_\_\_\_  
 Pertinent medical History information (Epilepsy, diabetes, allergies, etc.) \_\_\_\_\_  
 In case of emergency (if parent cannot be contacted) please notify:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

· \$75.00 PROCESSING FEE IS CHARGED FOR EACH CANCELLATION

· A full refund will be issued for any program canceled by We Are Coaches, Inc. Activities are subject to change.

· If you cancel less than ten (10) working days before the activity starts you will not receive a refund. Refunds take 2-3 weeks to process.

If you prefer not to have beach camp photos of your children used in our marketing materials, sign here \_\_\_\_\_

I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE AND AGREE TO THE REFUND/CANCELLATION POLICY LISTED ABOVE.

Signature \_\_\_\_\_

Date \_\_\_\_\_