 Fee: $155  Due in NBMS office by 3PM on Monday, September 24th
Your student cannot participate without all forms & fees turned in before practice!
Make check out to NBMSF and put “NB Surf” on the Memo line

SCHEDULE:
TEAM practices will be on Wednesdays from 3:00-4:30 starting on September 26th at The Hook.

CLUB practices will be on Fridays from 2:00-3:30 starting on September 28th at Capitola Beach.

TEAMSnap:
When you register, your child will receive an invitation to TeamSnap via email. TeamSnap is our primary method of communication regarding schedules/cancellations/special events. After they register, they can add any additional family members that would like to receive notifications.

GEAR:
A surfboard and wetsuit are required. We strongly recommend the Wavestorm 8’ soft-top boards from Costco for Club members. Any NEW surfer MUST have a soft-top board.

All forms must be completed and signed (including this page). Some information is repetitive. Fill it out anyway ;)

Student name: ____________________________ grade: _____

email: ____________________________

phone: ____________________________

Best parent/guardian contact name: ____________________________

email: ____________________________

phone: ____________________________

CIRCLE YOUR ANSWERS BELOW

I am registering for:  TEAM        CLUB        (you can switch this later if you want)

Hoodie Size:  ADULT XS   AD S   AD M   AD L   AD XL   AD 2XL

Rashguard preferred size:  YOUTH M   YTH L   AD SM   AD M   AD L   AD XL

☐ Yes, I would like to volunteer  ☐ I am interesting in sponsoring the team
Student Membership and Emergency Information
2018 / 2019 Season

Surf Team / Club: New Brighton Surf Team & Club
School (attending): ___________________________ Grade: _____

Name: ___________________________________________ DOB: __________________
Gender: ________ Tee shirt size (circle): YM  YL  AS  AM  AL  AXL
Phone # (best contact #): ____________________________ additional phone #: __________________
Email: ____________________________________________
Address: _________________________________________
Parent/Guardian: ____________________________ Phone: __________________
Email: ____________________________________________

Code of Ethics: The SC SSL abides by good sportsmanship and expects the same from coaches, student members and parents. In all SC SSL activities, be safe, courteous, fair, controlled, and show respect to fellow surfers, officials, coaches, spectators, local residents and their property and the environment. The use of foul language, violence, or illegal substances is prohibited.

Emergency Medical Authorization:
Emergency Contact: ____________________________ Phone: __________________
Insurance Carrier: ____________________________ Group #: __________________
Subscriber Name: ____________________________ ID #: __________________
Family Doctor: ____________________________ Phone: __________________
Date of Last Tetanus Shot: ___________________ Allergies __________________
Medical condition(s) to be aware of: __________________

As the parent(s) or legal guardian of the minor child named above, i hereby give consent for said child to receive all emergency medical care prescribed by a duly licensed physician. This authorization includes, but is not limited to, any x-ray, anesthetic, medical, dental, or surgical treatment and hospital care recommended for the well-being of this child

By signing below I agree as follows:
1. In an emergency, I give my consent for family physician, EMT and/or hospital to provide emergency treatment to my child. A copy of this Emergency Medical Authorization shall be as valid as the original.
2. It is my obligation to keep SC SSL informed of any changes as to the information on this form.
3. My permission is given to SC SSL or its Sponsors to publish my minor child’s name and/or photo in SC SSL events.
4. I agree to adhere to the Code of Ethics as stated above.
5. My child may participate in activities with the Surf Club/Team and SC SSL.

________________________________________ ____________________________________________
Student Signature  Parent / Guardian Signature

________________________________________ ____________________________________________
Student Name (printed)  Parent/Guardian Name (printed)
In applying to surf in the Santa Cruz Scholastic Surf League (SC SSL) and in exchange for the SC SSL’s acceptance of my membership form, I voluntarily agree to assume all risks incident to the sport of surfing and related activities in connection with the contests and surf team/club activities. I fully understand and comprehend the dangers of surfing. With full knowledge, comprehension and understanding of these dangers, I voluntarily accept and assume all risks involved in the activities in connection with contests and all surf team/club activities. I intend to be legally bound, hereby, for myself, my heirs, executors and administrators, hold harmless and release and forever discharge the Surf Club/Team, Santa Cruz Scholastic Surf League, the Social Good Fund, the State of California, State Beaches, Counties of Santa Cruz and San Mateo, the Cities of Santa Cruz, Capitola, Aptos, Scotts Valley, Half Moon Bay, any other city where the above described events take place, the participating schools and school districts, and any agent or official connected with the Surf Club/Team, and all sponsors and sponsoring agencies and their members, agents employees, volunteers and any officials connected with this competition, from all liabilities for injuries and damages whatsoever, arising from my presence or participation in the above described event(s) and do hereby grant the sponsors such release as described herein.

I, the undersigned, understand that a Permit issued by the Santa Cruz County Department of Parks, Open Space and Cultural Services extends only to the staging area. The ocean is open for public use. I will observe safe practices and etiquette toward non-competitors. Failure to comply with the agreement will result in forfeiting the right to future permits with the Santa Cruz County Parks.

I agree to indemnify, hold harmless and reimburse for future losses and Releasees and each of them, against any such claim that I or anyone or more of my or their executors, administrators, heirs, next of kin, successors, or assigns may assert, and against any costs, including attorneys' fees, with respect thereto. Such indemnification shall extend to any claim that might be asserted by others against me that also names the releasees.

The Release has been executed voluntarily and knowingly by me with the express intention of affecting the legal consequences provided by section 1541 of the California Civil Code. I intend to relinquish all claims against the releasees, whether or not known and expressly waive any and all right and benefits conferred upon me by the provisions of Section 1542 of the California Civil Code, which reads: 'A General Release does not extend to claims which the Creditor does not know or suspect to exist in his favor at the time of executing the Release which, if known by him, must have materially affected his settlement with the Debtor.'

This Release shall be governed by and constructed in accordance with the laws of the State of California.

Surf Team / Club : New Brighton Surf Team & Club

Student’s Name: 

Signature: __________________________________________________________________ Date: ______________

TO THE PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE: I HEREBY CERTIFY THAT I AM THE PARENT, OR LEGAL GUARDIAN OF THE PARTICIPANT NAMED ABOVE, AND DO HEREBY GIVE MY CONSENT WITHOUT RESERVATION TO THE FOREGOING AND AGREE TO HOLD THE AFOREMENTIONED HARMLESS FROM ANY LIABILITY.

Parent / Guardian Name: ____________________________ Relationship: ____________________________

Signature: __________________________________________________________________ Date: ______________