



STUDENT MEMBERSHIP FORM 2016-2017 SEASON



Each student team member must fill out this form prior to being eligible to surf in the contests. For Soul Surf records only. All information is kept confidential and will only be shared in the case of an emergency.

Student Team Member Name: _____

Phone (if permissible): _____ Email (if permissible): _____

Grade _____ Gender _____ Age _____ Birthdate _____

School _____ District (if applicable) _____

Team Name _____ Coach (if any) _____

Division: U9 U13

Parent or Guardian 1: _____

Phone: _____ Email: _____

Parent or Guardian 2: _____

Phone: _____ Email: _____

Emergency Contact 3 (if none of the above are reachable): _____

Phone: _____ Email: _____

Student Team Member Additional Information (Explain if any are applicable):

Food or Medication Allergies: _____

Past Injuries/concussions or other medical conditions we should be aware of (asthma, general allergies, previous broken bones/sprains, etc):

Current Medications (including prescription and non-prescription alike. ie: allergy medicine, inhalers, over the counter pharms. etc.):



For More Information please call or text **949.637.0463** | or email to info@soulsurfschool.com