

**Hangzen Surf School
Encinitas, California**

Name: _____

Date: _____

Date of Birth: _____

Height: _____

Parent/Guardian: _____

Weight: _____

Friend/Relative: _____

Address: _____

City/State: _____

Phone: _____

Email: _____

In Case of Emergency: _____

Phone: _____

Pre-Existing Medical Conditions: _____

Medical Insurance Carrier: _____

Have you surfed before today? If yes, how many times?

How did you learn about our surfing school?