




Student Swimming Ability Form.

Name: _____ Age: _____

Please tick the appropriate option and provide comments if necessary.

Comfort level around the water:

- Very comfortable 
- Comfortable
- Uncomfortable

Swimming ability:

- Non-swimmer (cannot support themselves in water)
- Novice (can support themselves in shallow water and are capable of moving short distances <5m)
- Intermediate (can support themselves in deep water and can swim a length of the pool)
- Advanced (can support themselves in deep water and can swim many lengths of the pool)

Please indicate any special needs or disabilities:

My son/daughter:

- Will be surfing
- Will NOT be surfing

Name of Parent/Guardian: _____

Signature: _____ Date: _____

MORNINGTON PENINSULA SURF SCHOOL

Event Participant's Declaration

In applying to participate in this Mornington Peninsula Surf School program ("the Event"):

- I ACKNOWLEDGE that there are inherent dangers associated with this activity and my participation in the activity, and that serious accidents can and do often happen which may result in me being injured.
I DECLARE that I am medically and physically fit and free from impairment and able to participate in the Event.
To the full extent permitted by law, I agree to ABSOLVE AND INDEMNIFY Mornington Peninsula Surf School, its directors, officers and employees ("MPSS") from and against any and all liability for injury, loss or damage however caused arising out of my participation in the Event.
I agree to RELEASE AND FOREVER DISCHARGE Mornington Peninsula Surf School from all claims that I may have or may have had but for this release arising from my participation in the Event.
Mornington Peninsula Surf School to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I INDEMNIFY MPSS for all costs associated therewith.
I AGREE that MPSS retains the right to utilise images of my participation in the Event for the purposes of promoting MPSS programs and events.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

NAME:..... PHONE:.....
ADDRESS:..... POST CODE:
EMAIL ADDRESS:
MOBILE: AGE:

SURFER'S MEDICAL INFORMATION (confidential)
Please indicate medical conditions that coaches should be aware of:

How many lessons have you taken with this surf school previously? :

Signed:..... Date:

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.
I, am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.
Parent's signature:..... Date:
(where applicant under 18 y.o)
Name: