

Mail to: PO BOX 1557, Sag Harbor, New York 11963  
[fpsurfschool@mac.com](mailto:fpsurfschool@mac.com)  
516-885-6607

**RESERVATION/PAYMENT INFORMATION**

Camper Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Experience level: \_\_\_\_\_

Parent/Guardian: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reservation Information:**

Surf Camp \_\_\_\_\_ Private Surf Lessons \_\_\_\_\_ SUP Lessons \_\_\_\_\_ Fish Camp \_\_\_\_\_ Surf Club \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

**Credit Card Information:**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_ CCV Code: \_\_\_\_\_ Card Type: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PARENT/GUARDIAN/SURFER AGREEMENT**

**Surf Camp**

Surf camp is 5 days a week (M-F) and each week is a complete session.  
Camp hours are 9:00am – 12:00pm. Daily Campers Welcome!  
5 Half Days - \$875 Daily \$175

I understand that full payment is due upon registration. There are NO REFUNDS, but campers are welcome to make up missed days of their scheduled session(s) throughout the same Calendar Summer. FPSS does not provide transportation.  
I also give Flying Point East LLC permission to utilize my child's photograph or likeness in camp promotional materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**Private Surf Lessons/ SUP Lessons**

Private lessons are available 7 days a week from sun up till sun down.  
One-on-one private Surf/SUP lessons \$150, Group Rates \$125/per person

I understand that full payment is due upon completion of the lesson; the card on file will be charged when services are rendered. Cancellation of lessons must be canceled 24 hours prior to the scheduled lesson; there is a \$100 cancellation fee for lessons canceled within 24 hours of the scheduled lesson. No-show lessons will be charged in full.

I also give Flying Point East LLC permission to utilize my photograph or likeness in camp promotional materials.

Signature if 18yr or older: \_\_\_\_\_ Date: \_\_\_\_\_

Or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Ross School Surf Club**

Surf Club is 4 days a week (M-Th) or as otherwise determined by the Ross School.  
Club Hours are determined by The Ross School and are subject to change based upon the schedule of The Ross School  
The length of a season is determined by the school's sports calendar.  
Transportation is provided under the discretion of The Ross School.  
Full Season \$525

I understand that full payment is due upon registration. There are NO REFUNDS.  
I also give Flying Point East LLC permission to utilize my child's photograph or likeness in club promotional materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**CHILD EMERGENCY INFORMATION, HEALTH HISTORY & MEDICAL RELEASE**  
Applies to Surf Camp & Fish Camp

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: : \_\_\_\_\_ Cell Phone: : \_\_\_\_\_

Babysitter/Nanny: \_\_\_\_\_ Cell Phone: : \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I, the natural parent/legal guardian of \_\_\_\_\_, authorize Flying Point Surf Camp to provide basic first aid treatment, provide or arrange emergency transportation as deemed necessary, authorize medical treatment as is deemed necessary by a medical professional until I can be notified. I understand this authorization is given in advance of any treatment being required.

I agree that I shall be fully responsible for costs incurred by FPSS in connection with medical treatment and medical emergency transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

**RELEASE, WAIVER, INDEMNIFICATION & ACKNOWLEDGMENT OF ASSUMPTION OF RISKS**

Please carefully read and sign the following document. Each individual participant in the Flying Point East LLC must submit a signed copy of this form as part of his or her registration. Participants under 18 years must also include the signature of a parent or legal guardian.

I am aware that I/my child may be participating in the following activities depending on the chosen camp (fish or surf): ocean swimming, SUP, surfing, beach/sport activities, fishing, boating and other activities ("Activities").

I am aware that the Activities present certain risks including but not limited to bodily injury, death, illness and loss or damaged personal property. I understand there may be an absence of prompt first aid/medical attention.

These risks may result from (1) changing water flow, tides, currents, wave action and ship wakes; (2) collision with any of the following: the watercrafts or equipment upon which I am the operator or passenger, other participants, other watercraft and manmade or natural objects; (3) inclement weather, lightning, wind; (4) loss of balance, loss of physical coordination, inability to swim, and/or follow directions; (5) collision, capsizing, sinking, or other hazard which results in wetness, injury, exposure to elements, hypothermia, and/or drowning; (6) getting in or out of the craft; (7) walking to and from the beach and/or docks (8) the presence of insects, marine life and wild animals; (9) equipment failure or operator error; (10) sun related injuries or illness including sunburn, sunstroke, or dehydration; (11) fatigue, chill and/or dizziness which may diminish my/our/others' reaction time and increase the risk of an accident; (12) floating trees, branches; (13) falling, tripping; (14) getting lost; (15) allergic reactions; (16) negligent rescue operations; and (17) any other reason(s) not listed above.

I affirm that I/my child is physically, emotionally and mentally capable of undertaking these Activities, that I/they are not under a doctor's care for any

reason that may make my/their participation dangerous to themselves or others. I verify that I am (they are) not under the influence of alcohol or drugs, and are sufficiently qualified, trained and capable to participate in these Activities.

I certify that I/they are voluntarily participating in these Activities and I assume all risks, consequences, and potential liability for this participation. I/my child elects to participate in spite of the risks. I am (they are) responsible for protecting my/their skin and eyes from the elements. I/they agree to wear U.S. Coast Guard approved personal flotation devices, (life jackets) while participating in the Activities, where required by state or local law.

I recognize that Flying Point East LLC may find it necessary to terminate an activity due to forces of nature, necessities or other problems and/or refuse the participation of any person judged to be incapable of meeting the rigors or requirements of participating in the activity. I accept the decision of Flying Point East LLC personnel for the safety of myself and child and/or other participants.

I understand that the use of any and all equipment furnished to me/my child by Flying Point East LLC constitutes acceptance of said equipment on a rental basis as is. I agree to pay for damage done to said equipment and/or to the property of others. If I/my child fail to return any of said equipment, I will reimburse Flying Point East LLC for the cost of replacement. If Flying Point East LLC personnel or other personnel must search for any small boat equipment due to the irresponsible action by myself (my child) or any member of my/my child's party, I will pay for said search.

Prior to participating in the Activities, I/my child agree to inspect the facilities and equipment to be used before each activity, and if I/my child believes anything is unsafe, I/my child will immediately advise Flying Point East LLC personnel of such condition and refuse to participate.

I give my permission for guides, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury, or illness to me/my child.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Flying Point East LLC and ITS OWNERS, SHAREHOLDERS, EMPLOYEES, STAFF, BOARDS OF DIRECTORS, MEMBERS, INSTRUCTORS, VOLUNTEERS, AND THEIR REPRESENTATIVES, ASSIGNS, EXECUTORS, HEIRS AND NEXT OF KIN, AS WELL AS THE PROVIDERS OF PREMISES USED TO CONDUCT THE ACTIVITIES AND EACH OF THEM, THEIR DIRECTORS, REPRESENTATIVES, ASSIGNS, EXECUTORS, HEIRS AND NEXT OF KIN (ALL THE FOREGOING JOINTLY "RELEASEES") FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFOR ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Each of the undersigned further expressly agrees that this release, waiver of liability, indemnity and assumption of the risk agreement ("Waiver and Release") is intended to be as broad and inclusive as is permitted by the law of the State of New York, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

On behalf of the participant and individually, the undersigned parent and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this Waiver and Release, the participant makes a claim against any of the Releasees, the participant (or in the case a claim is made on behalf of a child, the parent(s) and/or legal guardian(s)) will reimburse the Releasee(s) for any money which such Releasee(s) incur in defending the action, including but not limited to damages and legal fees and costs.

I have read this Waiver and Release, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

This document shall be valid for all of calendar year 2018 and cover all Activities I/my child participates in during 2018.

As parent or guardian of the participant, I acknowledge reading this form and agree to all the provisions above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_