



# Student Membership and Emergency Information

Surf Team \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**Best Contact Cell:** \_\_\_\_\_ **and Email:** \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

A note on fees: SSS Student Membership Fee is \$40 annually. A separate Team Entry Fee is also due. Your team dues will be determined by the coach or team manager to include overall costs to run the program. If our sponsorship contract is renewed with Transworld Magazine for this season, your SSS membership will include a 1 yr subscription to TRansWorld SURF (\$4 value). If you do not want this magazine offer please follow the refund details that will be mailed to you.

**Code of Ethics:** SSS abides by good sportsmanship and expects the same from members and parents alike. In all SSS 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, illegal substance use 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 SSS informed of any changes as to the information on this form.
3. My permission is given to SSS or its Sponsors to publish my minor child's name and/or photo in SSS 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 Scholastic Surf Series.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Student Signature