





Adaptive Surfing Day 6 December 2015 Participant Application Form

Please complete this form if you are participating. This information will add to your own safety and maximum enjoyment in your participation to the event.

Name:
Surname:
ID Number:
Residential Address:
Disability:
(State disability and specifics eg: Spinal Cord Injury, T8 Complete)
Special needs and assistive devices:
(Use of wheelchair, crutches etc.)
Medical Concerns:
(Do you have any pressure sores, open wounds etc? Describe)
Current Medication:
Special needs:
General clothing size:
(Sizes need for wetsuit fitting. Wetsuits are necessary for buoyancy and resistance against cold water)
Contact details: Cell: Email:
Contact Person in case of emergency:
Name: Contact number:
Were you part of the Adapted Surfing day in Dec 2011; March 2013; Dec 2014? YES NO
Other Concerns:

^{*}Indemnity form needs to be completed and submitted with this application form*