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• Surf Camps • Group Lessons • Private Instruction •

**Located on the beach in front of The Isles Restaurant at**

**417 W Second St**

**OIB, NC 28469**

**2025 OIB SURF CAMP OR LESSON REGISTRATION FORM**

**PLEASE COMPLETE ALL FIELDS**

Student’s Name:

Parent or Guardian’s Name (if student is under 18):

Address City State Zip:

Day Phone:

Evening Phone:

Email Address:

T-Shirt Size: Youth or Adult (Circle One)

Participants Age:

Emergency Contact Name:

Emergency Contact Phone/s:

Allergies/Medical Conditions:

Date(s) and Time(s) you wish to sign up for:

SURF CAMP (DATE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVATE SURF LESSON (DATE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Amount Enclosed (non-refundable): Balance is due at the start of the camp or lesson. SURF CAMP: $300 ($100 deposit, $200 due before camp begins)

PRIVATE SURF LESSON: $ 60 per hour ($30 deposit, remainder due at lesson)

GROUP SURF LESSON: $60 per person/per hour. $50 per person/per hour for groups of 3+ (Half due at registration, remainder due at lesson.) WE ACCEPT CASH OR CHECK ONLY

Comments and special needs:

PLEASE BE SURE TO INCLUDE THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT WITH THIS FORM. EACH PARTICIPANT MUST SIGN BEFORE CAMP OR LESSON BEGINS.

**OIB SURF CAMP SUMMER 2025 WAIVER**

In consideration of being permitted to participate in any way in OIB Surf Camp. The parent(s) and/or legal guardian of the minor named below agree:

• I have enrolled my child for whom I have legal custody, in OIB Surf Camp. I do so with a complete understanding of the inherent risks associated with all activities the camp provides. There are many dangers associated with Ocean Swimming, Paddling, Kayaking, Bodyboarding, Beach Football, Running Bases Beach Flags, Negotiating the Shore Break and other beach activities that OIB Surf Camp offers to its campers. I have instructed my child to inform the counselors when they do not wish to participate in any activity. My child understands that they are permitted to refuse to participate in any activity that they feel is unsafe, too dangerous, or for any other reason. I/We fully understand and acknowledge that:

• There are risks and dangers associated with participation in the events and activities provided by OIB Surf Camp, which could result in bodily injury, partial, and/or total disability, paralysis and death.

• The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

• These risks and dangers may be caused by the action, inaction, or negligence of others including, but not limited to, the releases named below.

• Sharks, and other marine life may be present and pose a serious danger. Marine life may attack with no warning and these attacks may result in serious injury or death.

• All marine life we may encounter is potentially dangerous. My child may have allergies to eggs, or other marine life that they/we are unaware of.

• Cuts and scrapes resulting from rocks, shells, or barnacles can become infected if not treated properly.

• Exposure to the sun may result in the burning of the skin. Sun care products may not be enough to protect the participant from sunburn. Long term effects of sun exposure have been linked to skin cancer.

• There is no way to ensure that the beach will be free from hazardous material. The ocean brings pollution to the shores, and there have been reports of hazardous materials on the beach.

• There may be other risks not known or are not reasonably foreseeable at this time.

• I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the actions or negligence of the releases named in this document.

• I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OIB Surf Camp, any of its employees, the town of Ocean Isle Beach, Brunswick County, JM Surfboards, or any persons or organizations used by the participant. This includes its owners, managers, counselors, investors, sponsors, promoters, lessees of premises used to conduct the event or program, premises and event inspectors, consultants, and others who give recommendations, directions, or instructions. I RELEASE FROM ALL LIABILITY TO THE UNDERSIGNED.

• I/We hereby acknowledge that THE ACTIVITIES OF THE EVENTS ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATION OR PROCEDURES OF THE RELEASEES.

• EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

• I acknowledge that OIB Surf Camp may compile and use the name, likeness, recorded voice, addresses, photographs, biographical sketch, and video of the named individual in advertising, marketing, product, packaging or other use, without compensation and without restrictions as to the duration, geography, media or frequency. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY. ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND I FULLY UNDERSTAND ITS TERMS, AND I 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.

Printed Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Legal Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of payment (Check or Cash accepted) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant carry individual or group medical insurance? YES or NO (Circle One)

**OIB SURF CAMP SUMMER 2025 CANCELLATION POLICY**

Exceptions to this policy cannot be made for any reason. We run an extremely high quality, tight margin program, with limited space. If you must cancel your reservation, our policy is as follows:

1) All lessons/camps require a non-refundable deposit.

2) Should wave conditions be unfavorable, or there is severe weather on the day of your lesson, OIB Surf Camp will make all efforts to reschedule your lesson. Please note that due to demand, there is a slight chance we may not be able to reschedule. If OIB Surf Camp cancels your lesson due to unfavorable waves or dangerous weather conditions, you will not be liable for any lesson costs. We do not cancel lessons if it is raining, unless there is thunder or lightning. 3) For Public and Private Group lessons, all cancellations and rescheduling on your part must be made at least 72 hours before the start time of your lesson. Cancellations and rescheduling made within 72 hours of the lesson time will be charged a $25 cancellation/rescheduling fee, per participant. If you cancel within 24 hours of your scheduled lesson time, you will be charged 50% of the lesson cost.

4) Private and Semi-Private lessons must be canceled or rescheduled on your part at least 24 hours prior to the scheduled lesson time to avoid being charged in full for the lesson. If you are booking one of these lesson types for a lesson today or tomorrow, you cannot cancel without being charged in full.

5) Participants that fail to show for any lesson type will be charged in full for the lesson, no exceptions.

6) All Cancellations must be confirmed with an OIB Surf Camp staff member over the phone. We do not accept voicemail messages or emails for cancellations.

If you are coming here on vacation . . .

7) OIB Surf Camp is not responsible for expenses incurred in preparation for a canceled trip, such as airline tickets, or for costs incurred due to travel delays, flight cancellation, or illness.

8) We do not recommend non-transferable, non-refundable airline tickets. OIB Surf Camp does not assume responsibility for any loss incurred on account of such tickets.

If you have any questions regarding our cancellation policy, please call our office for a detailed explanation. (910) 200-3469

**CONCUSSION AWARENESS:**

Any student who is observed to, or is suspected of, suffering a significant blow to the head, has fallen from any height, or collides hard with another person or object, may have sustained a concussion. Symptoms of a concussion may appear immediately, may become evident in a few hours, or evolve and worsen over a few days. Symptoms of a concussion include, but are not necessarily limited to:

Amnesia (e.g. decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information), Confusion or appearing dazed, Headache or head pressure, Loss of consciousness, Balance difficulty or dizziness, or clumsy movements, Double or blurry vision, Sensitivity to light and/or sound, Nausea, vomiting, and/or loss of appetite, Irritability, sadness or other changes in personality, Feeling sluggish, foggy, groggy, or lightheaded, Concentration or focusing problems,Slowed reaction times, drowsiness, Fatigue and/or sleep issues (e.g. sleeping more or less than usual),

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

· Headaches that worsen

· Seizures

· Looks drowsy and/or cannot be awakened

· Repeated vomiting

· Slurred speech

· Unable to recognize people or places

· Weakness or numbness in arms or legs, facial drooping

· Unsteady gait

· Dilated or pinpoint pupils, or change in pupil size of one eye

· Significant irritability

· Any loss of consciousness

· Suspicion of skull fracture:blood draining from ear, or clear fluid from nose.

All campers with a suspected concussion are to be seen as soon as possible by one of the following medical providers: a physician, nurse practitioner, or physician assistant.

**OIB SURF CAMP SUMMER 2025 CONCUSSION WAIVER:**

Concussion Awareness Acknowledgement Statement: I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,) acknowledge that I have received information on all of the following:

-The definition of a concussion

-The signs and symptoms of a concussion to observe for or that may be reported by my camper.

-How to help my camper prevent a concussion.

-What to do if I think my camper has a concussion, specifically, to seek medical attention right away, keep my camper out of play, tell the instructor about a recent concussion, and report any concussion and/or symptoms to the instructor.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Camper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

For more information visit: ​[www.cdc.gov/Concussion​](http://www.cdc.gov/Concussion%E2%80%8B).

**Group and individual photos are included in the cost of camp!**

**PHOTO RELEASE:**

I, the parent or legal guardian of (Child’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant Hannah White (Photographer) and OIB Surf Camp permission to use photographs taken of my child during the duration of camp for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

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

Please include your contact info to receive photos!

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

You can also contact Hannah about photos at [hannawhitenc@gmail.com](mailto:hannanwhitenc@gmail.com)

**Please return all forms and deposit to:**

**Jesse McCrery**

**4881 Sugarberry Drive**

**Shallotte, NC 28470**

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