

Long Beach Wilson Surf Team Summer Program 2024

This is an exclusive camp for Wilson High School returning student-surfers and incoming freshman student-surfers.

This camp will also serve as a tryout to allow coaches to evaluate surfers and help determine their rosters for the upcoming school year. Surfers are strongly encouraged to participate in the summer camp. If a surfer is unable to participate in the camp, they will need to contact Coach Leisy or Martinho by Friday, August 9, 2024 in regards to an alternate tryout date during the school year.

Camp Dates: June 18 to July 25, 2024 (Six Week Program)

Swim Test: Tue. June 18, or Thur. June 20, - 4:15 pm @ Wilson Natatorium

Students must pass swim test to participate

Beach Times: Tue. & Thu. 7:00-9:30 am (1st Beach day is June 20th if you passed the test on 6/18)

(1st Beach day is June 25th if you passed the test on 6/20)

Locations: Wilson High School - (Swim Test)

4400 E 10th ST.,

Long Beach, CA 90804 @ Wilson Natatorium (Center of Campus)

Surf Locations: Huntington Beach, Bolsa Chica State Beach,

Seal Beach. (locations vary depending on beach/weather

conditions. Schedule will be updated weekly)

Transportation: Transportation is **not** provided to and from the beach.

Student/surfers are responsible for their own transportation and parking fees during the summer.

Donation: \$130.00 * Cash or check payable to: Wilson High School (memo: Surf Team)

Equipment: Surfboard or Bodyboard, bathing suit, towel,

sunscreen

Optional: wetsuit, snack, water

Coach's Info: Bryce Leisy email: bleisy@gmail.com

562-209-8749

Tony Martinho email: amartinho@lbschools.net

562-433-0481

All athletes are required to submit a summer athletic program application, proof of insurance, and swim test completion. Please download the forms from our website at

Summer Program QR code



Surf Team website



LONG BEACH WILSON SURF TEAM/CLASS WAIVER, LIABILITY AND INDEMNITY AGREEMENT ACKNOWLEDGMENT OF RISKS

In consideration of my/	my child's participation in the beach activity mentioned below, I,	
Print name (s) (parents	name) AGREE AS FOLLO	WS:
Wilson Surf Team/Clas bodily injury, including	cean is not owned, operated, supervised, managed, or controlled by the Long ss. I understand that surfing and related ocean activities carry an inherent risk g, in extreme cases, loss of life from the surf/swimming environment from w issues, currents, surfing equipment, and sea life.	k of
Team/Class, instructors LIABILITY to my child ANY LOSS OR DAMA	lefend, hold harmless and release from all liability Long Beach Wilson Surfs, administrators, district personnel, and the state of California from ALL d or myself, my family, heirs, assigns, personal representatives or next of kind AGE RESULTING FROM PHYSICAL OR MENTAL INJURY, DEATH OF arising from my/my child's participation in the surfing activity.	
2	ent is in good health and is an able swimmer. ent has been administered a Long Beach Unified School District approved sy	vim test,
and Indemnity Agreem and Indemnity voluntar	JNDERSTAND this "Acknowledgment of Risks and Release, Waiver of Lianent" and have signed this Acknowledgment of risks and Release, Waiver of rily, and agree that no oral representation, agreements, or inducements, apart greement have been made.	Liability
Student name:((please print)	
Student signature:	Date:	
Parent name:	(please print)	
(k	

Parent Signature: _____ Date: _____