



NAME	
WEEK	

REGISTRATION FORM

Information sheet

SURNAME: **FIRST NAME:**

ADDRESS:

.....

PHONE NO: **EMAIL:**

PERSON TO CONTACT IN THE EVENT OF AN ACCIDENT

SURNAME: **FIRST NAME:**

WORK PHONE: **MOBILE:**

MEDICAL PROBLEMS, allergies...

.....

ABILITY TO SWIM: can you swim at least 25 metres and put your head under water?

YES:

NO:

PARENTAL AUTHORIZATION (required only for those aged 17 or less)

I, Mr / Mrs (FULL NAME)

authorize my child (FULL NAME)

to take part in surf lessons organized by the ESB in Audierne.

Parents and legal guardians of children signed up to take part in these lessons confirm that they have understood the lesson conditions and give permission on behalf of the child.

I confirm that I have understood the conditions of the lessons and the insurance and also understand that I can choose to take out additional insurance if I wish.

SIGNED: **DATE:**

.....

Prestation choisie	Arrhes	Solde
Formule	Date	Date
Semaine	Montant	Montant
Horaire	Mode: E - C - CV	Mode : E - C - CV