

BULLETIN REGISTRATION

SAILING LESSONS CLUB NAUTIQUE DE BEAUVALLON

N° DE LICENCE CLUB CNB : 12R83049

LAST NAME : NAME :

AGE : DATE OF BIRTH: / /

ADRESS(city/country) :

MAIL :

EMERGENCY PHONE NUMBER:.....

LESSONS :

1/ CATAMARAN	BEGINNER	<input type="checkbox"/>	ADVANCE	<input type="checkbox"/>
2/ OPTIMIST	BEGINNER	<input type="checkbox"/>	ADVANCE	<input type="checkbox"/>
3/WINDSURF	BEGINNER	<input type="checkbox"/>	ADVANCE	<input type="checkbox"/>

WHEN ? (5 days Monday to friday) : From : / / to / /

➤ For minors, Parental authorisation:

I, the undersigned the Legal representative of:.....

I, hereby authorise my child to participate in the chosen classes on the dates indicated above, at the Club Nautique de Beauvallon .

I hereby authorise that in the event of an emergency, my child may be driven to the hospital and that any necessary treatment or surgery may be carried out.

I, hereby confirm that my child is in a good general health and has no allergies. (Please specify any health problems or allergies).

I confirm that my child is able to swim 25m (for under 16 years old) and able to swim 50m (up to 16 years old).

➤ For Adults over 18:

I hereby confirm that I am in good general health and that I can swim 50 m unassisted.

Read and approved : Location :

Signature : The :