

REGISTRATION FORM (one form per person)



• **TRAINEE INFORMATION:**

SURNAME: NAME:

AGE: SEX:

YOUR LEVEL: Beginner Intermediate Advanced

ADRESS :

CELL PHONE: EMAIL :

MEDICAL PROBLEMS TO BE REPORTED: (allergies, ...):

• **LEGAL REPONSIBLE INFORMATION :**

I, undersigned Mr or Mrs....., authorises my child (SURNAME, NAME) to attend MOBY DICK SURF SHOP training course.

ADRESS:

CELL PHONE / OR HOME PHONE:

• **COURSE CHOICE** (please tick the selected training course):

COLLECTIVE LESSONS		PRIVATE LESSONS	
LITTLE SESSION 2H	30 €	VIP SESSION 2H	90 €
BIG SESSION 5X2H	140 €	DUO VIP SESSION	150 €
		FAMILY VIP SESSION	190 €

• **TRAINING COURSE PERIOD:** except for weekends training courses, **classes start on Mondays and last on Fridays.**

FROM /..... /..... TO /..... /.....

• **ENCLOSURES:**

A MEDICAL CERTIFICATE issued less than three months before the training course and certifying the ability to practice surf.

25 METERS (minimum) SWIMMING CERTIFICATE.

Send a certificate issued by a swimming instructor. If need be the adult trainees and the minor children's legal responsible can testify to this ability.

I, undersigned Mr or Mrs....., legal responsible for the child.....certifies that he or she can swim 25 meters (minimum) and dive.

• Any registration implies acceptance of being photographed or filmed for advertising purposes.

DATE:

SIGNATURE: