

Surfing lesson registration form

Reservation : from to



Name / Last name:

Address:

Postal code / City:

Date of birth:

Phone: Email:

For equipment adapted to your body type and for your comfort, please complete the following fields:

- ▶ What is your level? ☐ BEGINNER ☐ MEDIUM ☐ CONFIRMED
- ▶ What is your size: Your size: cm - your weight: Kg

CLASSIC PACKAGES (only one form per ballot)			DEPOSIT	PRICE
<input type="checkbox"/> Discovery lesson (1 lesson)	<input type="checkbox"/> 2h in the morning	<input type="checkbox"/> 2h in the afternoon	15€	45€
<input type="checkbox"/> Mini course (3 lessons)	<input type="checkbox"/> 2h in the morning	<input type="checkbox"/> 2h in the afternoon	35€	125€
<input type="checkbox"/> Week course (5 lessons)	<input type="checkbox"/> 2h in the morning	<input type="checkbox"/> 2h in the afternoon	60€	175€
<input type="checkbox"/> Full course (10 lessons)	2h in the morning and 2h in the afternoon		100€	300€
<input type="checkbox"/> Private lesson	<input type="checkbox"/> 2h <input type="checkbox"/> 4h <input type="checkbox"/> 6h <input type="checkbox"/> 8h		30%	

PARENTAL AUTHORIZATION (for minors)

I, the undersigned,
 father/mother/legal guardian, authorize my
 son/daughter
 to follow the activities described above. I certify that
 he/she is medically fit to practice sports and knows how to
 swim. Consequently, I release the **4.6.1 surf school** from
 any liability in the event of an accident occurring to it or
 caused by its physical or medical incapacity or non-
 compliance with the instructor's instructions. I declare that
 I have been informed of the civil liability insurance
 guarantees and the additional guarantees that can be
 taken out in the event of bodily injury occurring to me. I
 authorize the responsible person(s) to take all necessary
 measures in the event of a medical emergency.
 I have read and accept the attached general conditions of
 sale.

Done at the
 Signature :

DISCHARGE (for adults)

I certify that I am medically fit to practice sports and know how to
 swim. Consequently, I release the 4.6.1 surf school from any liability
 in the event of an accident occurring or caused by my physical or
 medical incapacity or non-compliance with the instructor's
 instructions. I declare that I have been informed of the civil liability
 insurance guarantees and the additional guarantees that can be
 taken out in the event of bodily injury occurring to me.
 I have read and accept the attached general conditions of sale.

Done at the
 Signature :

This registration form must be completed (as many forms as there are participants in the activity) and returned to us
 by mail accompanied by your deposit check made payable to surf school 461 to the following address:
 Ecole de surf 4.6.1 – 2 rue Saint Jérôme - 29780 Plouhinec

For any further information, Vincent remains at your disposal by telephone on +33 7 56 884 461 or by email via the
 school website www.461.surf

Hope to surf together!

Your instructor, Vincent RAMSEYER