



Registration Form

CLUB NAUTIQUE de DAMGAN

FFV 56003 - DDJS n°56S006

Boulevard de l'Océan 56750 DAMGAN

Tél : 02 97 41 12 49

cndamgan@free.fr

www.cndamgan.com

Last name (sail trainee):

First name (sail trainee):

Birth date: / /

Age:

Address:

Postal code:

City

Country:

Phone contact:

Email:

Emergency contact:

Last name

First name;

Phone contact:

SUPPORT	WEEK	SCHEDULE OF COURSES
<input type="checkbox"/> Optimist (from 6 to 9 years - 176€)	<input type="checkbox"/> from 26/6 to 30/6 Week 26 <input type="checkbox"/> from 3/7 to 7/7 Week 27	Optimist or <input type="checkbox"/> 09h30 - 12h00 Multihull <input type="checkbox"/> 14h15 - 16h45
<input type="checkbox"/> Topaz 12 from 10 to 12 years - 184€)	<input type="checkbox"/> from 10/7 to 14/7 Week 28 <input type="checkbox"/> from 17/7 to 21/7 Week 29	Windsurfing <input type="checkbox"/> 09h00 - 10h30 <input type="checkbox"/> 10h30 - 12h00 <input type="checkbox"/> 14h00 - 15h30 <input type="checkbox"/> 15h30 - 17h00
<input type="checkbox"/> New Cat 14 (from 13 ans - 196€)	<input type="checkbox"/> from 24/7 to 28/7 Week 30 <input type="checkbox"/> from 31/7 to 4/8 Week 31	
<input type="checkbox"/> Windsurfing (>40kg - 176€)	<input type="checkbox"/> from 7/8 to 11/8 Week 32 <input type="checkbox"/> from 14/8 to 18/8 Week 33 <input type="checkbox"/> from 21/8 to 25/8 Week 34	
<i>* Tick the box of your choice</i>	<input type="checkbox"/> from 28/8 to 1/9 Week 35	
Course fee includes : <ul style="list-style-type: none"> • C.N.D club membership (4.00€). • a FFV sailing passport delivery • a FFV liability insurance (12.00€). • the internship with loan of a life jacket. 		The internship will be recorded upon receipt of the deposit. The deposit of 50,00€ is not refundable (unless a cancellation is made is made 1 month before). The internship must be paid on first day of the internship. Shorty (8,00€) <input type="checkbox"/> YES <input type="checkbox"/> NO

CONDITIONS

- Accept that any internship started is due (except in cases of force majeure: decision of the technical responsible of the CND).

- I the undersigned: (name and surname of legal representative for minors)
 authorise (child's name and surname), to participate in the
 activities of C.N.D, and authorise, if I cannot be reached, the manager of the sailing school to carry out a hospitalization
 in case of medical emergency.

- Comply with sailing school safety rules and instructions.

- Have read the insurance guarantees related to the teaching license passport of FFV.
 I acknowledge that I have been informed of the possibilities of additional insurance.

- Declare having been informed about the articles of the French Sports Code A322-64 and A322-70 and attest to being
 able to immerse and swim at least 25 meters and do not present any against medical indication to the practice of
 sailing.

- To leave the place of his activity alone. OUI NON

Done at: _____ date _____
 Signature of the trainee (or legal representative if minor)
 Precede by "read and approved".