



Registration Form

CLUB NAUTIQUE de DAMGAN

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	Shorty
<input type="checkbox"/> Optimist - 198€ (from 6 to 9 years old)	<input type="checkbox"/> W28 from 07/07 to 11/07	Optimist/Catamaran <input type="checkbox"/> 9h30 - 12h00 <input type="checkbox"/> 14h15 - 16h45	Option: shorty wetsuit rental for one week +8 €
<input type="checkbox"/> Topaz 12 - 198€ (from 10 to 12 years old)	<input type="checkbox"/> W29 from 14/07 to 18/07		
<input type="checkbox"/> New Cat 14 - 213 € (from 13 years old)	<input type="checkbox"/> W30 from 21/07 to 25/07	Windsurfing <input type="checkbox"/> 9h00 - 10h30 <input type="checkbox"/> 10h30 - 12h00 <input type="checkbox"/> 14h00 - 15h30 <input type="checkbox"/> 15h30 - 17h00	<input type="checkbox"/> Yes
<input type="checkbox"/> Windsurfing - 198€ (>40 kg)	<input type="checkbox"/> W31 from 28/07 to 01/08		<input type="checkbox"/> No
	<input type="checkbox"/> W32 from 04/08 to 08/08		
	<input type="checkbox"/> W33 from 11/08 to 15/08		
	<input type="checkbox"/> W34 from 18/08 to 22/08		
	<input type="checkbox"/> W35 from 25/08 to 29/08		

Course fee includes :

- C.N.D club membership (2,00€).
- a FFV sailing passport delivery
- a FFV liability insurance (14,00€).
- 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 1 month before).
The balance of the internship must be paid on the first day of the internship.

CONDITIONS

- I accept that any internship started is due (except in cases of force majeure: decision of the technical responsible of CND and the CND office).
- I authorize the trainee to participate in the activities of CND.
- I authorise, if I cannot be reached, the manager of the sailing school to carry out a hospitalization in case of medical emergency.
- I comply with sailing school safety rules and instructions of CND EFV (French Sailing school).
- I 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.
- I 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.
- I authorize the intern to leave the place of his activity alone OUI NON

I the undersigned (name and surname of legal representative for minors):
authorise (name and surname), to participate in the activities of C.N.D:

Done at :

Signature of the trainee (or legal representative if minor)
(Precede by "read and approved")

Date: