



# Registration Form

*Cactus Surf Club*

## Contact

First Name : ..... Name : .....

Address : .....

Date of Birth : ..... Phone Number : .....

E-mail : .....

## Participant

1. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

2. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

3. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

4. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

5. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

6. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

7. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

8. First Name : ..... Name : ..... Age : .....

Size : ..... Weight : .....  Never surfed  Surfs in the foam  Surfs in the smooth wave

## Formula

Surf course 10h : **200€**

Collective lesson 1 x 2h : **45€**

Private lesson 1h : **80€**  
*3 pers. max.*

Number of people(s)

**Total to be paid :**

Down payment :

Remain to be settled :

Cheque :

Cash :

## Dates

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Lesson the : ..... or ( From : ..... / ..... / ..... To : ..... / ..... / ..... )

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**Medical certificate :**

I certify that I have (copy of the document not mandatory) a medical certificate of no contraindication to the practice of surfing.

Dating from: ..... by the

Dr .....

**Person to contact in case of emergency:**

.....

Phone number : .....

**Dump :**

I, the undersigned..... certifies that I am medically fit to practice sport. Consequently, I release Cactus Surf Club from any responsibility in the event of an accident occurring to me or caused as a result of my possible physical or medical incapacity or non-compliance with the instructor's instructions. I declare that I have read the rules of procedure of the Cactus Surf Club.

**Parental Permission:**

I, the undersigned..... legal guardian of ..... authorizes him to follow the activities described above. I certify that he/she is medically fit to practice sport. Consequently, I release Cactus Surf Club from any liability in the event of an accident occurring to him or caused by his/her possible physical or medical incapacity or non-compliance with the instructor's instructions. I declare that I have read the rules of procedure of the Cactus Surf Club.

The data transmitted via this booking form is not communicated to anyone, it is only intended for the preparation and organization of the courses.

By signing, I certify that I have “read and approved” **the internal regulations of the Cactus Surf Club**, and meet all the admission conditions. (available on the website: [www.cactus-surf-club.com](http://www.cactus-surf-club.com) )

**Signed at :**

**The :**

**Signature :**