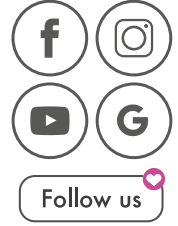




# PRIVATE LESSON REGISTRATION FORM

Download this registration form, fill it out carefully,  
then send it to : [contact@magnetsurf.com](mailto:contact@magnetsurf.com)

You can also make the payment of the deposit on the  
surf school account : Magnet Surf School  
IBAN FR76 1290 6000 1857 4585 6493 211



## PERSONAL INFORMATIONS

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address : \_\_\_\_\_

Age : \_\_\_\_\_

City : \_\_\_\_\_

Postal code : \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail in capital letters : \_\_\_\_\_

## FORMULA SELECTED

1 private lesson	120 €
2 private lessons	240 €
3 private lessons	360 €

## LEVEL OF SURFING

Beginner

Intermediate

Perfected




## DATES

\_\_\_\_\_

## DISCHARGE (for adults)

I, the undersigne \_\_\_\_\_

certify that I am medically fit for sports. Consequently, I release Magnet Surf School 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 general conditions of sale available on our website: [www.magnetsurf.com](http://www.magnetsurf.com)

Done at : \_\_\_\_\_

The: \_\_\_\_\_

Signature : \_\_\_\_\_

## PARENTAL AUTHORISATION (for minors)

I, the undersigne \_\_\_\_\_

Authorizes \_\_\_\_\_ to follow the activities described in this bulletin. I certify that he/she is medically fit for sports. Consequently, I release Magnet Surf School from any responsibility in the event of an accident occurring to him/her, or caused as a result of its possible physical or medical incapacity or non-compliance with the instructor's instructions. I declare that I have read the general conditions of sale available on our website: [www.magnetsurf.com](http://www.magnetsurf.com)

Done at : \_\_\_\_\_

The : \_\_\_\_\_

Signature : \_\_\_\_\_

## DEPOSIT

- |                                    |           |
|------------------------------------|-----------|
| <input type="checkbox"/> 1 lesson  | 40 euros  |
| <input type="checkbox"/> 2 lessons | 75 euros  |
| <input type="checkbox"/> 3 lessons | 100 euros |

## IN THE EVENT OF AN ACCIDENT ( Person to contact )

Name: \_\_\_\_\_

Phone : \_\_\_\_\_

Special medical problems to report : \_\_\_\_\_

## THE SCHOOL OFFICE



The school office:  
18 Boulevard de Pralognan Crozon