



# REGISTRATION FORM Adult



Centre Nautique de Biscarrosse Olympique : 1427 avenue Pierre Georges Latécoère 40600 Biscarrosse

**Phone** : 05-58-78-10-51

**E-mail address** : [accueil@cnbo.fr](mailto:accueil@cnbo.fr)

**website** : <https://www.cnbo.fr/>

**facebook** : CN Biscarrosse Olympique

Name					
First name					
Date of birth		SEXE :	M / W		
Address					
Postal code		City :		Country :	
E-mail	@				
Person to contact in an emergency (name and phone)					

## Periods of training courses:

advanced training/beginners (surround the choice) (time to consult on price list)

Formule	Support (surround the choice)	Schedules	Unit price	Number	TOTAL
Lesson 5 days	windsurfing/catamaran	from to			
Lesson 3 days	windsurfing/catamaran	from to			
Lesson 5 days	Catamaran 26 to 30 July / 2 to 6 August / 16 to 20 August	From 9h50 To 12h20			
Lesson 3 days	Catamaran 26 to 28 July / 2 to 4 August / 16 to 18 August	From 9h50 To 12h20			
School Sailing licence			11.50€		
<b>TOTAL</b>					

Payment	
Cash	
Credit card	
<b>Balance</b>	

The trainee commit to provide a medical certificate of no contraindication to the practice of sailing



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### AUTORIZATION ET ATTESTATION

I am undersigned, ..... born the ..... declare (delate as appropriate) :

- In an emergency situation I authorize the CNBO to call in medical assistance and take all the necessary decisions such as medical treatment or else.
- I am able to swim 25m and submerge
- Read the rules of procedure displayed in the Centre Nautique Biscarrosse Olympique

I allow the club to use the image of the participant for promotional purpose (website, leaflets...)

I certify I have received the informations specifying the guaranted amount of money served by the insurance linked to the federal licence or teaching licence and have been informed of the possibility of further guarantees of which the invalidity or death capital is more important (information on the notice board)

- ☐ I suscribe to one of the further guarantees insurance
- ☐ I do not wish to one of the further guarantees insurance

**Made in....., the .....**

**Signature preceded by the mention « read and approved »**