



## Registration Form

CLUB NAUTIQUE de DAMGAN

Boulevard de l'Océan 56750 DAMGAN

Tél : 02 97 41 12 49

accueil@cndamgan.fr

www.cndamgan.fr

Last name (sail trainee):

First name (sail trainee):

Birth date: / /

Age:

Address:

Postal code:

City

Country:

Phone contact:

Email:

**Emergency contact:**

email:

Last name

First name;

Phone contact:

SUPPORT	WEEK	Schedule of courses	Shorty
<input type="checkbox"/> Optimist - 203€ (from 6 to 9 years old)	<input type="checkbox"/> W28 from 06/07 to 10/07 <input type="checkbox"/> W29 from 13/07 to 17/07 <input type="checkbox"/> W30 from 20/07 to 24/07 <input type="checkbox"/> W31 from 27/07 to 31/07 <input type="checkbox"/> W32 from 03/08 to 07/08 <input type="checkbox"/> W33 from 10/08 to 14/08 <input type="checkbox"/> W34 from 17/08 to 21/08 <input type="checkbox"/> W35 from 24/08 to 28/08	<b>Optimist/Catamaran</b> <input type="checkbox"/> 9h30 - 12h00 <input type="checkbox"/> 14h15 - 16h45	<b>Option:</b> shorty wetsuit rental for one week +8 €
<input type="checkbox"/> Topaz 12 - 208€ (from 10 to 12 years old)	<input type="checkbox"/> 9h00 - 10h30 <input type="checkbox"/> 10h30 - 12h00 <input type="checkbox"/> 14h00 - 15h30 <input type="checkbox"/> 15h30 - 17h00	<b>Windsurfing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Topaz 14 - 223 € (from 13 years old)			
<input type="checkbox"/> Windsurfing - 203€ (>40 kg)			

**Course fee includes :**

- C.N.D club membership (1,50€).
- a FFV sailing passport delivery
- a FFV liability insurance (14,50€).
- 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: