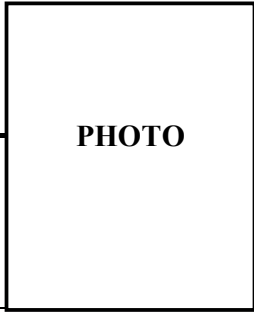


# REGISTRATION FORM



## CANDIDATE

### write in capital

Name/Family Name \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Private phone. \_\_\_\_\_ Phone prof. \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of birth (Day/Month/Year) \_\_\_\_\_ Sex ( ) M ( ) F  
Profession \_\_\_\_\_ Course \_\_\_\_\_

## MEDICAL PERSONAL DATA

Blood type \_\_\_\_\_  
Date of medical certificate \_\_\_\_\_  
Allergy \_\_\_\_\_

### Person to be contact in case of problem

Name/Family Name \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_  
Private phone. \_\_\_\_\_ Phone prof. \_\_\_\_\_ FAX \_\_\_\_\_  
E-mail \_\_\_\_\_

## INSURANCE

Type \_\_\_\_\_  
N° of police \_\_\_\_\_  
Date of expiration \_\_\_\_\_

## BREVETS

Federation	The Highest Brevet	N°

## LESSON PLAN

N°	Theory		Protected zone	
	Date	Signature	Date	Signature
1				
2				
3				
4				
5				
6				
7				

N°	Natural zone		
	Date	Exercises performed	Signature
1			
2			
3			
4			
5			