



ÉCOLE DE VOILE - ÎLE D'OLÉRON

20 boulevard Félix Faure 17370 Saint Trojan les Bains Tel : 05.46.76.02.08

www.cnco-oleron.fr / cnco.saint.trojan@gmail.com

PRIVATE LESSON

Last name: First name:

Birth date : Sex: Male Female

Main address:

Post code : City :

Email :@..... (Mandatory)

Phone : Cell phone :

Emergency contacts:

Last name: First name: Cell phone :

Last name: First name: Cell phone :

CATAMARAN 70€

WINDSURF 50€

HABITABLE SAILBOAT 50€

- Major trainee** : I, the undersigned,
 - > Attest to be able to dive and then swim 50 meters in deep water
 - > I have no medical contraindication to sailing and will provide a medical certificate.
 - > In case of emergency, I agree to any medical intervention and treatment that may appear necessary to be carried on me, including my transport to a hospital establishment.
- Minor trainee** : I, the undersigned, legal representative of the child, designated above,
 - > Authorizes the minor to practice activities within the CNCO.
 - > Authorizes the doctor to carry out any medical intervention and care on the minor that would appear necessary in the event of an emergency.
 - > Relieves CNCO from all responsibility in the event of an incident or accident occurring outside of the supervised activities.

Certify that my child has the ability to swim 25 meters and immerse themselves. When the practitioner does not have legal capacity, his legal representative attests to this capacity; To present a certificate which mentions the successful completion of the test provided for in article A.322-3-2 or the successful completion of the test provided for in 1 ° of article 3 of the decree of April 25, 2012 applying the article R227-13 of the code of social action and families; To present one of the certificates mentioned in article A.322-3-3. When the practitioner cannot provide this attestation or one of the certificates, he must submit to the test provided for in article A.322-3-2.

> the minor trainee named above has no medical contraindication to sailing and his legal representative will provide a medical certificate.

- I authorize the minor to leave the CNCO alone after his internship.
- Attests to have received information specifying the amount of insurance guarantees associated with the FFV license or Sailing Passport and to have been informed of the possibilities of taking out additional guarantees for higher disability and death benefits (MDS group - 2/4 rue Louis David - 75016 PARIS). If I wish to subscribe to one of the additional guarantee formulas, I myself contact the MDS group at 01 53 04 86 16.
- I declare that I have taken note of the conditions for admission to the course, the internal regulations and the decree of February 9, 1998 posted at the school and available on request and to ensure that the minor does the same, with my help if necessary.
- I authorize the CNCO to take photos on which I or my child appears in the strict framework of its activities, and to distribute these photo on promotional supports

DATE AND SIGNATURE (Preceded by the words "Read and approved")