Magic Surf School
Sign-up form (English)

Personal information
Last name: …………………………… Given name(s): …………………………… Age…………
Address: …………………………………………………………………………………………………
Phone number 1: …………………………… Phone number 1: ……………………………
Email: …………………………………………………………………………………………………
Email 2: ………………………………………………………………………………………………..

Surf Level
☐ Beginner (0 lesson) ☐ Intermediate (between 5 and 10 lessons) ☐ Advanced (10 lessons+)

How did you come to know Magic Surf School?! (Circle the right answer)
Already come Website Word of mouth LacanauOcean.com Trip Advisor
Tourism office Flyer Villa Zenith Other……………………..

Choose your Lesson?!

Range of courses available from April to October

<table>
<thead>
<tr>
<th>Course</th>
<th>High Season (July, August)</th>
<th>Low Season (Other than July and August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery: 2h session x 1</td>
<td>☐ 39€</td>
<td>☐ 34€</td>
</tr>
<tr>
<td>Discovery + : 2h session x 2</td>
<td>☐ 72€</td>
<td>☐ 64€</td>
</tr>
<tr>
<td>Part-time course: 2h session x 5</td>
<td>☐ 157€</td>
<td>☐ 137€</td>
</tr>
<tr>
<td>Child course: 1h30 session x 5</td>
<td>☐ 150€</td>
<td>☐ 150€</td>
</tr>
<tr>
<td>Private lessons: 1h30 session x 1</td>
<td>☐ 85€</td>
<td>☐ 80€</td>
</tr>
<tr>
<td>Stand Up Paddle: 2h session x 1</td>
<td>☐ 34€</td>
<td>☐ 32€</td>
</tr>
</tbody>
</table>

Range of courses available on demand

<table>
<thead>
<tr>
<th>Course</th>
<th>High Season (July, August)</th>
<th>Low Season (Other than July and August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magic Girls: 1 lesson 2h</td>
<td>☐ 39€</td>
<td>☐ 34€</td>
</tr>
<tr>
<td>Magic Family: 1 lesson 2h</td>
<td>☐ 39€</td>
<td>☐ 34€</td>
</tr>
<tr>
<td>..........Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>..........Child</td>
<td>☐ 36€</td>
<td>☐ 31€</td>
</tr>
<tr>
<td>Magic Experience: Surf//Stand up//Sail....</td>
<td>☐ 95€</td>
<td>☐ 90€</td>
</tr>
</tbody>
</table>

Payment:…………………..
+ Deposit: ……………. (……./…….) ☐ Transfer ☐ Credit Card ☐ Cash
+ Balance: ………….…..(……./…….) ☐ Transfer ☐ Credit Card ☐ Cash
Parental Certificate

I, ........................................................................................................................................................................................................................................................................, father, mother, legal tutor of child ........................................................................................................................................................................................................................................................................, authorize him/her to participate in the activities supervised by the Magic Surf School instructor.
I certify that he/she is medically capable of participating in any physical activity. Moreover, in the case of an accident to said child due to his/her lack of physical or medical capabilities, or his/her non compliance to the instructor’s directions, I relieve the Magic Surf School of their responsibility.

At ........................................................................................................................................................................................................................................................................

Signature (read and approved):

OR:

Certificate for persons of lawful age

I, ........................................................................................................................................................................................................................................................................ certify that I am medically capable of participating in any physical activity. Moreover, in the case of an accident to my person due to my lack of physical or medical capabilities, or my non compliance to the instructor’s directions, I relieve the Magic Surf School of their responsibility.

At ........................................................................................................................................................................................................................................................................

Signature (read and approved):

In the case of an accident

Contacts to inform:

Last name: ................................................. Given name(s): .................................................

Home phone number: ....................................................................................................................

Personal phone number: ..................................................................................................................

Medical problems to take into consideration:

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Photo/Video authorization

I, ........................................................................................................................................................................................................................................................................ authorise Magic Surf School to film and take photographs of me/my child in the context of my/his/her surfing courses and authorize the School to use said photographs and videos as marketing tools as well as on the website magicsurfschool.com.

At ........................................................................................................................................................................................................................................................................

Signature (read and approved):