



Magic Surf School

Sign-up form (English) 2022

Reserved for administration

Payed ☐

Date/...../.....

Personal information

Last name: Given name(s): Age:

Address:

Phone number 1: Phone number 2:

Email: Magic news? ☐

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?!

Already come Website Word of mouth LacanauOcean.com Trip Advisor
Tourism office Flyer Villa Zenith Passing in front Other.....

Choose your Lesson?!

Date:

From:

To:

Number of sessions.....

Range of courses available from April to October

High Season (July, August)

Low Season (Other than July and August)

Discovery: 2h session x 1	<input type="checkbox"/> 45€	<input type="checkbox"/> 38€
Discovery + : 2h session x 2	<input type="checkbox"/> 80€	<input type="checkbox"/> 70€
Part-time course: 2h session x 5.....	<input type="checkbox"/> 165€	<input type="checkbox"/> 145€
Child course: 1h30 session x 5	<input type="checkbox"/> 160€	<input type="checkbox"/> 160€
Private lessons: 1h30 session x 1	<input type="checkbox"/> 120€	<input type="checkbox"/> 100€

Range of courses available on demand

Magic Girls: 1 lesson 2h	<input type="checkbox"/> 45€	<input type="checkbox"/> 38€
Magic Family: 1 lesson 2hAdult	<input type="checkbox"/> 45€	<input type="checkbox"/> 38€
.....Child	<input type="checkbox"/> 40€	<input type="checkbox"/> 34€

Enter below the amount and method of payment:

+ Deposit: Date/..... ☐ Transfer..... ☐ Credit Card..... ☐ Cash.....

+ Balance: Date...../..... ☐ 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 the
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 the
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:
.....
.....

**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 the
Signature (read and approved) :