

Magic Surf School Sign-up form (English) 2022

Reserved for administration				
Payed				
Date				
Réglement:	ESP CB	VIR		

		n name(s):						
	Addre	ess:						
	Phon	e number 1: .	e number 1:		Ph N 2			
	Emai	l:						
Surf Le	vel							
Ве	eginner (0 lesson)	lr 	ntermediate (between 5	5 and 10 lesso	ıns)	Advanced (10) lessons +)	
	How did yo	ou come t	o know Magic S	Surf Scho	01?!			
	Already come	Website	Word of mouth	Lacana	auOcean.com	ı Trip A	Advisor	
	Tourism office	Flyer	Villa Zenith	Passing in	า front	Other		
_								
			Ch	oose your Le	esson?!			
Date:		7						
From:			of courses available ril to October		High Season		Low Season	
To:					(July, August)	Number of people	(out of July, August)	Number of peopl
Number	r of lesson(s)	Discove	ery: 2h session x 1		□ 47€		August) 39€	
	.,		ery + : 2h session x 2		□ 85€		□ 75€	
			ery ++ : 2h session x 3		□ 120€		□ 105€	
			art-time course: 2h ses		□ 150€		□ 132€	
		Part-tim	ne course: 2h session x	ζ 5	□ 170€		□ 147€	
		Child co	ourse: 1h30 session x 5	5	□ 165€		□ 165€	
		Private	lessons: 1h30 session	x 1	130€		□ 120€	

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					
or —						
OK .						
Attestation Parentale	I, father, mother, legal tutor					
ı	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					
	Initials (read and approved) :					
In the case of	Contacts to inform:					
an accident	Last name: Given name(s):					
	Home phone number: Personal phone number:					
	Medical problems to take into consideration:					
Photo/Video	l,					
authorization	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					
	-					

Initials (read and approved):