

- Contact
- G/T



# Magic Surf School

+ 33 (0)6 81 81 33 52

Sign-up form (English) 2024

Reserved for administration:

**Payed**  .....

**Date** ...../.....

**Payment** ESP // CB // VIR  
ANCV // CH

## Personal information:

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

Adress: .....

Phone number 1: ..... Phone 2: .....

Email: ..... Magic news?

## Surf level:

- Beginner (0 lesson)       Intermediate (between 5 and 10 lessons)       Advanced (+ de 10 lessons)

## How did you come to know Magic Surf School? (Tick off your answer):

- Already come     Website     Word of mouth     Tourism Office  
 Trip Advisor     Villa Zenith     Passing in front     Other.....

**Would you like to take the magic bus?**    Yes     No

## Choose your lesson:

Date: From: ..... To: ..... Number of lesson(s): .....	Range of courses available from April to October	High season (July, August)		Low season (Out of July/ August)	
		Number of people	Price	Number of people	Price
	Discovery: 2h session x1 .....	<input type="checkbox"/>	47€	<input type="checkbox"/>	39€
	Discovery +: 2h session x2 .....	<input type="checkbox"/>	85€	<input type="checkbox"/>	75€
	Discovery ++: 2h session x3 .....	<input type="checkbox"/>	120€	<input type="checkbox"/>	105€
	Small Part-time course: 2h session x4 .....	<input type="checkbox"/>	150€	<input type="checkbox"/>	132€
	Part-time courses: 2h session x5 .....	<input type="checkbox"/>	170€	<input type="checkbox"/>	147€
	Child course: 1h30 session x5 .....	<input type="checkbox"/>	165€	<input type="checkbox"/>	165€
	Private lessons: 1h30 session x1 .....	<input type="checkbox"/>	130€	<input type="checkbox"/>	120€

**I confirm that I have read and accept the CVG:**



## Payment on account:

**Payed** .....€

**Date** ...../.....

**Payment** ESP // CB // VIR // ANCV // CH

**Discharge (major)**

I, the undersigned .....

certify that I am medically fit to practice the sport.

Consequently, I release Magic Surf School from all responsibility in the event of an accident occurring to me, or caused as a result of my physical or medical unfitness or failure to comply with the instructions of the Magic Surf School instructor.

Do to ..... the .....

Signature (read and approved):

**OR**

**Parental certificate**

I, the undersigned, ..... father, mother, legal guardian of the child, ..... authorizes him/her to participate in the activities supervised by the Magic Surf School instructor.

I certify that he/she is medically fit for the sport.

Consequently, I release Magic Surf School from all responsibility in the event of an accident occurring to him/her, or caused as a result of his/her physical or medical unfitness or failure to comply with the instructions of the Magic Surf School instructor.

Do to ..... the .....

Signature (read and approved):

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**In the event of an accident**

*Person(s) to contact :*

Name: ..... first name: .....

Phone number: ..... phone 2: .....

**Medical problems to report:**

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.....

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**Photo/video authorization**

I, the undersigned .....

authorizes Magic Surf School to film and photograph my child as part of its activities .....

and gives the Club permission to use these photos and videos for any communication tool as well as for the [magicsurfschool.com](http://magicsurfschool.com).

Do to ..... the .....

Signature (read and approved):