

- Contact
- GIT



Magic Surf School

+33 (0)6 81 81 33 52

Sign-up form (English) 2025

Reserved for administration:

Payed

Date/.....

Payment ESP // CB // VIR
ANCV // C

Personal information:

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

Address:

Phone number: Phone:

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:	Range of courses available from April to October	High season (July, August)		Low season (Out of July/ August)	
		Number of people		Number of people	
To:	<i>Discovery: 2h session x1</i>	<input type="checkbox"/>	49€	<input type="checkbox"/>	40€
Number of lesson(s):	<i>Discovery +: 2h session x2</i>	<input type="checkbox"/>	88€	<input type="checkbox"/>	78€
	<i>Discovery + +: 2h session x3</i>	<input type="checkbox"/>	126€	<input type="checkbox"/>	108€
Details to give us:	<i>Small Part-time course: 2h session x4</i>	<input type="checkbox"/>	155€	<input type="checkbox"/>	136€
	<i>Part-time courses: 2h session x5</i>	<input type="checkbox"/>	175€	<input type="checkbox"/>	150€
	<i>Child course: 1h30 session x5</i>	<input type="checkbox"/>	175€	<input type="checkbox"/>	175€
	<i>Private lessons: 1h30 session x1</i>	<input type="checkbox"/>	150€	<input type="checkbox"/>	130€

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):

**In the event of
an accident**

Person(s) to contact :
Name: first name:
Phone number: phone 2:
Medical problems to report:
.....
.....

**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.
Do to the
Signature (read and approved):