

REGISTRATION FORM 2025



STUDENT CONTACT INFORMATION 1	STUDENT CONTACT INFORMATION 2										
Name: First Name: Date of Birth: __/__/____ Permanent Address: Landline: __/__/____/____/____ Mobile phone: __/__/____/____/____ E-mail:@.....	Name: First Name: Date of Birth: __/__/____ Permanent Address: Landline: __/__/____/____/____ Mobile phone: __/__/____/____/____ E-mail:@.....										
CHOSEN INTERNSHIP											
Nautical base (check your choice)											
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From __/__/____ to __/__/____											
Schedule: __ h__ to __ h__											
Amount: € _____ Down payment 50%: € _____											
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From __/__/____ to __/__/____											
Schedule: __ h__ to __ h__											
Amount: € _____ Down payment 50%: € _____											
Total amount _____ € Global deposit to be paid 50% € _____ The balance will be payable on _____ the 1st day of the activity											
Discounts: -10% from 3 registrations (family)* * EXCLUDING LICENCE €13.50 /pers for sailing 10% on the 2 nd period of training (for the same person)											
Contact person in case of emergency during the internship											
Last/First Name: Phone : __/__/____/____/____											

AUTHORIZATIONS and CERTIFICATIONS

I, First and Lastname

born __/__/____ practising or the legal representative of the practising minor (or having been authorized to sign by the legal representative):

- Attest to my own or their own ability(s) to swim at least 25 metres and to submerge (except for the Chariot).
- Certifies that he is medically fit for the activity concerned or certifies, **only for minors**, that all questions in the health questionnaire provided for in Annex II-23 of the Sport Code (1) have been answered in the negative and that the minor, of which I am the legal representative, does not present any contraindication to the practice of the chosen activity. I acknowledge that through this attestation, I commit my own responsibility and that in no case that of the SEMVIE NAUTISME can be sought.
- Authorizes the trainee (**for a minor**) to participate in the activities.
- Authorized in case of emergency to request treatment by a hospital or any surgery may be performed if necessary.
- Allows the trainee (**for a minor**) to return home alone.

Check your choice O oui O non

I declare that I have read the capacities required to carry out the activity, the selected training content, the general conditions of sale, the internal regulations of the establishment that can be consulted on the website (www.semvie-nautisme.fr), the modalities and consequences of a possible cancellation and the various safety rules.

- Accepts that the information entered in this form is used to contact me or to send me the newsletter in the context of our business relationship.

The SEMVIE NAUTISME is likely to produce photographic and audiovisual reports during the duration of the proposed nautical activities. Unless you advise us otherwise, we reserve the right to use images in brochures and on our website and in all documents promoting SEMVIE NAUTISME

Check your choice oui non

Supplements for sailing only

- Child weight: Less than 30 kg oui non
- Young children (5/7 years old) and people with disabilities who cannot swim will be provided with a 100 N adapted vest.
- Declares that you have been informed of the guarantees related to the license and the possibilities of additional guarantees.

Information available on the FFV website:

<http://www.ffvoile.fr/ffv/web/services/assurances.asp>

Done at: On: / /

Signature (legal or authorized representative) preceded by "read and approved":

(1) <https://www.semvie-nautisme.fr/wp-content/uploads/2022/04/QS-sport-mineur-1.pdf>

Semvie Nautisme
Boulevard de l'égalité, forum Port la vie, BP 451
85800 Saint Gilles Croix de Vie
Tel : 02.51.60.11.11
contact@semvie-nautisme.fr
www.semvie-nautisme.fr