



All our team welcome you to Water Addict Surf Academy.

To make a reservation, you need to :

- ask for an availability by email : contact@water-addict.com or by phone +33(0)7.83.12.57.40
- send back the form below with a deposit of 30% of the price, by credit card or by bank transfer.

Your order :

ALL INCLUSIVE SURF CAMP FORMULA

– 18 YEARS OLD

7days/6nights + Full Board + 2-3 sessions/day/5 days + video analysis
+ Alternatives activities + supervising 24h/24

- 850€ LOW SEASON** without options
- 990€ HIGH SEASON** without options

Beginner/intermediate
 advanced
 Expert

ARRIVAL (Sunday after 5pm): / /.....
 DEPARTURE (Saturday before 11h) : /.... /.....

PERSONAL DETAILS

LAST NAME	FIRST NAME	SEX	BIRTH DATE	AGE
		F <input type="checkbox"/> M <input type="checkbox"/>		
HOME ADDRESS		POSTAL CODE	COUNTRY	
CLIENT CELL PHONE	EMAIL			
		FRENCH SPEAKING	ENGLISH SPEAKING	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

FOR UNDER 18'S : NAME OF REGISTERING CONTACT	
LAST NAME:	FIRST NAME :
Email :	Phone :
mobile	RELATION WITH THE CLIENT:



TRANSPORT (OPTION) Biarritz airport or Bayonne train station

Note: shuttle for my ARRIVAL OR MY DEPARTURE for **50€ and** shuttle for the way AND way back for **100€**

I ARRIVE



by my own means of transport, directly to the Beach House, **Sunday from 5:30 pm onwards.**

For under 18's, I will be accompanied by



at Bayonne Rail station on train n° at (time) **Sunday from 5pm onwards**



at Biarritz airport on flight numberat (time) **Sunday from 5pm onwards**

I LEAVE



by my own means of transport, **Saturday before 11h**

For under 18's, I will be collected by (attach copy of his/her identity)



at Bayonne Rail station on train n° at (time) **Saturday before 11h**



at Biarritz airport on flight numberat (time) latest checking timeh.....**Saturday before 11h**

To be returned **15 DAYS BEFORE THE START OF THE COURSE** , completed and signed along with all the documents indicated below, to the following address:
BOOKING OFFICE – WATER ADDICT – 12 impasse des oeillet des dunes 40130 Capbreton
or by email at contact@water-addict.com - phone : +33 (0783125740)

BY SIGNING AND RETURNING THIS REGISTRATION FORM, I DECLARE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION INCLUDED IN THE PRESENT REGISTRATION FORM AS WELL AS IN THE GENERAL TERMS AND CONDITIONS AND INTERNAL RULES OF WATER ADDICT AVAILABLE ON www.water-addict.com AND THAT I ACCEPT THEM.

For minors, I the undersigned, Mr/mrs/Ms..... father, mother, legal guardian of..... .authorise my child, to take part in the WATER ADDICT SURF CAMP indicated on the inscription form and that he/she is physically apt to practice surfing and other sports .

I authorize the course leaders to take any emergency medical decisions in case of hospitalisation.

DONE IN :

ON :

FOR UNDER 18'S, SIGNATURE & NAME OF PARENTS

<u>MY PACKAGE</u>		TOTAL EUROS €
<input type="checkbox"/> I bookweek(s) low season for SURF CAMP ALL INCLUSIVE	+ 850€ x	
<input type="checkbox"/> I bookweek(s) high season for SURF CAMP ALL INCLUSIVE	+ 990€ x	
TOTAL AMOUNT (without options):		
<input type="checkbox"/> I come 2 consecutives weeks, I book a week end option <i>(2days/1night from Saturday to Sunday + supervision 24h/24 + full board + 2 surf lessons + skateparks)</i>	+ 180€	+
<input type="checkbox"/> I want to book a shuttle for my ARRIVAL OR MY DEPARTURE	+ 50€	+
<input type="checkbox"/> I want to book a shuttle for the way AND way back	+ 100€	+
TOTAL AMOUNT:		=

PAYMENT

The balance must be paid no later than 30 days before the course participant's arrival

Name of the person who will pay :

Total amount to pay :€

- I pay the full amount of money meaning € (compulsory if I book less than 30 days before the beginning of the week)
- I pay 30% of the price meaning € and will pay the rest at least 30 days before the beginning of the week

<input type="checkbox"/> OPTION 1 : <p style="text-align: center;">BANK TRANSFER</p>	<p>Dated /..... /..... I made a bank transfer of€ to account of WATER ADDICT – Bank Société générale</p> <p>International code IBAN : N° IBAN FR76 3000 3003 1800 0200 0066 115 International code of the bank BIC : SOGEFRPP</p> <p><i>RIB : bank code: 30003 desk code: 00318 account : 00020000661 key : 15</i></p>
<input type="checkbox"/> OPTION 2 : <p style="text-align: center;">BANK CHECK</p>	<p>Dated /..... /..... I made a bank check of€ to WATER ADDICT</p>

BY CREDIT CARD (except American Express) **CALL US FOR PAYMENT AT DISTANCE +33(0)7.83.12.57.40**

I pay the full amount of money meaning € (compulsory if I book less than 30 days before the beginning of the week)

I pay 30% of the price meaning € and will pay the rest at least 30 days before the beginning of the week

In order to organise the debit, please indicate the following:

- Card type (Visa, Mastercard, ..)
- Card owner name:
- Card number:
- Exp. month :year :
- Card verification number:



30 days before the beginning of the week, I authorize Water Addict to debit € on my credit card corresponding to the balance outstanding.

MEDICAL INFORMATION FOR UNDER 18'S ONLY

This section gathers useful information for your child's trip, helping avoid you having to provide your child's Health Record booklet.

SOCIAL SECURITY NUMBER:

VACCINATIONS

Obligatory Vaccinations	Yes	No	Date of last jab	Recommended Vaccinations	Date
Diphtheria				Hepatitis B	
Tetanus				MMR	
Polio				Whooping cough	
Or DTP				Other (please specify)	
Or Tetracoq (DPT-IPV)					
BCG					
COVID 19					

If your child has not had the obligatory vaccinations, please attach a medical contra-indication certificate.

MEDICAL INFORMATION

Will your child require medical treatment during the trip? Yes No

If yes, please pack a recent prescription and the relevant medicines with your child's luggage. No medicine can be taken without a prescription.

PREVIOUSLY CONTRACTED ILLNESS (please tick the relevant boxes)

- Scarlet fever Throat infections
- Ear infection Measles
- Rubella Rheumatic fever
- Mumps Whooping cough
- Chickenpox

Does your child suffer from any of the following allergies:

- Food* yes no
- Medical* yes no
- Asthma * yes no
- Other* yes no

*Please specify what triggers the allergy and the course of action to be taken (self-treatment/special diet, etc.) below:

.....

Health problems (illnesses, accidents, seizures, hospitalisation, operations, rehabilitation).

Specific instructions or precautions:

.....

USEFUL PARENT ADVICE

Does your child wear contact lenses, glasses, hearing aids, dentures, etc.? If yes, please specify below:

.....

I, the undersigned parent/legal guardian of the child, warrant that all the information given on this form are correct and authorize the course supervisors to take any urgent medical decisions that would be necessary in the event of hospitalization.

DOCTOR

LAST NAME	FIRST NAME	POSTAL CODE	CELL PHONE

In case of accident/injury contact name	last name/first	CELL PHONE	Other number phone