CHECKPOINT ENTITY RELATIONSHIP MODEL

Members

#id
Lastname
Firstname
Address
Date of birth
Gender

1..1 → **Registre On** → 1..N

GYMNASIUMS

Names
Adresses
Telephone number

↓ 1..N

Propose

↓ 1..20

Session

Type of Sport
Schedule

↓ 1..2

Lead

↓ 1...N

Coach

Lastname
Firstname
Age
Speciality