

Registration Form

Candidate Information

Full Name:	k k
Date of Birth:	01/01/1
Address:	k, k, 0
Phone:	0
Email:	k@k.fr

Legal Guardian 1

Full Name:	l l
Relationship:	Parent
Address:	l, l, 5
Phone:	9
Email:	l@l.fr

Medical Information

Certificate Date:	Not provided
Doctor Name:	Not provided
Sport Allowed:	No
Sport Competition Allowed:	No
Collective Living Allowed:	No
Vaccinations Up to Date:	No
Flight Allowed:	No

Health Questionnaire

Family Cardiac Death:	No
Chest Pain:	No
Asthma:	No

Fainting:	No
Stopped Sport for Health:	No
Long Term Treatment:	No
Pain After Injury:	No
Sport Interrupted Health:	No
Medical Advice Needed:	No

Physical Measurements

Height:	Not provided
Weight:	Not provided
Head Size:	Not provided
Neck Size:	Not provided
Chest Size:	Not provided
Waist Size:	Not provided
Bust Height:	Not provided
Inseam:	Not provided
Shoe Size:	Not provided

Candidate Signature

Date: _____

Legal Guardian 1 Signature

Date: _____