

REGISTRATION FORM



Surname :

Name :

Street :

Number :

City/town :

ZIP :

Country :

Date of birth :

Phones :

E - mail :

Licence number :

Lic/A-D/:

Validity :

Main parachute :

Spare p.:

Pose :

Total number of drops :

About
this year :

Device :

Instruktor licence :

I approved that :

All equipments and technics that we use, are in good technical conditions and approved for using by National Aero Club of Slovakia or Federation (F. A. I.)

I am an owner of valid International parachute licence of licence of F. A. O.

My policy of insurance and medical certificate is valid for parachute activity.

I do the drops voluntarily and at one´s own liability.

I have been acquainted with all conditions and regualtions, which are needed for drops on AERO SLOVAKIA BOOGIE

I proclaim that in case of injury, dead or any other health damage, my legal representatives or I will not ask for recompense from organizers of the drops or National Aero Club of the Slovak republic (provider)

.....
date

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It has beed read, agrred
and signed by