



SWORN STATEMENT

As part of the instructions to be followed for the retake of sporting activity within the Hossegor Surf Club and in the context of the covid-19, we must discuss in full transparency.

Participant's identity

Last Name:

First Name:.....

Date of birth:/...../.....

Gender: F M

Legal representative

Last Name:

First Name:.....

Adress:

City:

ZIP code:

Number:

Mail:

You guarantee the absence of a proven case in your immediate entourage (at home) and the absence of symptoms (examples: fever, body aches, headache, cough, ...) about you.

YES

You agree not to come to the club if one or more symptoms appear.

YES

I attest on the honor of the accuracy of the above information.

At..... The,

Signature (for minors,
that of the legal representative)

