



Viajes organizados ski/snow, colegios, fin de curso, actividades, empresas, tiempo libre, campamentos...

WINTER HALF TERM-NUMONT
MADRID - VALDESQUÍ

DATES

Since: 16 february Until: 20 february

AUTHORIZATION OF MINORS

It is essential that parents fill in and sign the information of the child

Information from the child

Name:	1° surname:	2° surname:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date: - -	Age during the activity:
D.N.I.:	Obligatory except for children under 14	
Address:		
Postal Code:	City:	Province: Country:
House Phone:	Mobile Phone:	e-mail:
Father's Name:	Surname:	
D.N.I.:	House Phone:	Mobile Phone:
Mother's Name:	Surname:	
D.N.I.:	House Phone:	Mobile Phone:
Tutor's Name:	Surname:	
D.N.I.:	House Phone:	Mobile Phone:

What do you want to practice? Ski

Do you want to rent the material?: No yes

Ski classes Please indicate our ski level in the list below.

<input type="checkbox"/>	A	Beginner: Someone who has never put on the skis
<input type="checkbox"/>	B	Iniciation: Fundamental turns with the skis
<input type="checkbox"/>	C	Medium: I know how to ski and I ski easily in blue slopes
<input type="checkbox"/>	D	High: Perfect turns. Fluent in red slopes.

Medical information

Phone Numbers in an Urgent case: Phone. 1: Phone. 2:

Allergies: He/she has any known allergy He is allergic to:

Diseases: He/She doesn't have any disease If he has any disease or illness indicate it in the list below

<input type="checkbox"/>	Asma o Respiratory problem	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Headaches / Migraines
<input type="checkbox"/>	Celiac or Diabetic	<input type="checkbox"/>	food intolerance	<input type="checkbox"/>	Others:

Please Indicate the treatment in a case he has any of these diseases/illness (attach medical report)

Observations : Please tell us here anything you consider we must know about the child

Observations area (empty)

Children's authorization

I authorize the child, whose information is above (I am his/her legal tutor), to participate in the activities detailed above, and accept the conditions. I also assure that the participant does not suffer physical, mental illness or any other circumstance that prevents normal development of the activities or coexistence with other participants. I authorize the company to take pictures during the trip for a photo-reportage as well as to promote the website www.next1.es.

We ask you to talk with the child about the meaning of traveling alone, the responsibility, his/her behavior and actions, and depending on their ages, trust and respect that should be at the monitors and his mates. All the monitors will attend at him in all what they need, and with the greatest interest and dedication.

In any case, all the participants, regardless of their age and, especially children, should assume the group norms indicated by the monitors and those norms of coexistence.

According to art. 5 de la Ley Orgánica, 15/1999 de 13 de December, de Protección de Datos de Carácter Personal. By signing this registration form, you authorize us to incorporate their personal data provided in this document, together with the data obtained during period of the trip, in a file created under the responsibility of SORIANO SPORT, SL NIF B-86352481. The person concerned can exercise their rights of access, rectification, cancellation and opposition by writing to the Responsible Data Protection SORIANO SPORT in Street Picos de Urbión, 6 – Bajo B, 28031 Madrid (Madrid) or email info@next1.es

SIGNATURE of the mother/father/tutor. I agree:

Date: - -

PLEASE PRINT THE AUTHORIZATION WHEN YOU HAVE FILL IT IN AND SIGN IT. THEN SEND IT TO info@next1.es OR BY FAX TO 915449834. DELIVER AT LEAST 15 DAYS BEFORE THE DEPARTURE DATE.

Thank you for the collaboration.

www.next1.es/info@next1.es

c/ Picos de Urbión 6. 28031 Madrid/Tel.: 91 549 39 38 Fax: 91 544 98 34. (CICMA 2853)