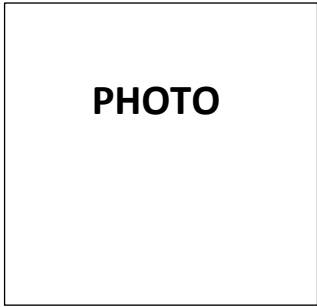




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APPLICATION

GENERAL INFORMATION

NAME : _____ SURNAME : _____ DATE OF BIRTH : _____

NATIONALITY : _____ PHONE : _____ EMAIL : _____

ADDRESS : _____

FENCING INFORMATION

CATEGORY SENIOR / JUNIOR : _____ FIE RANKING : _____ NATIONAL RANKING : _____

CLUB : _____ NAME OF YOUR COACH : _____

YEARS OF FENCING PRACTICE : _____ TRAINING FREQUENCY (DAY / WEEK) _____

BEST RESULTS : _____

MEDICAL INFORMATION

MEDICAL CONDITION(S) TO REPORT : _____

MEDICAL CAPACITY TO PURSUE INTENSIVE TRAINING : YES _____ NO _____

INJURY AFFECTING FENCING PRACTICE : YES _____ NO _____

I AGREE TO BE CHECKED BY THE ACADEMY PHYSICIAN BEFORE STARTING TRAINING : YES _____ NO _____

I AGREE TO PRESENT AN INSURANCE COVERING ALL MEDICAL COSTS IN ITALY : YES _____ NO _____

MOTIVATION AND GOALS

CHRISTIAN BAUER ACADEMY MEMBERSHIP

DATE : _____

SIGNATURE PRECEDED BY « READ AND APPROVED »