



REGISTRATION FORM

| | |
|-------------------|--------------|
| LAST NAME: | NAME: |
|-------------------|--------------|

REGISTRY

| | | | |
|---|--------|-----------|----------|
| Date of birth: <u> </u> / <u> </u> / <u> </u> | Place: | Province: | Country: |
|---|--------|-----------|----------|

FISCAL CODE:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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RESIDENCE

| | |
|----------|-------------|
| Address: | POSTAL CODE |
|----------|-------------|

| | | |
|-------|-----------|----------|
| City: | Province: | Country: |
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CONTACTS

PERSONAL CONTACTS:

| | | |
|--------|------------|---------|
| Phone: | Cellphone: | E-mail: |
|--------|------------|---------|

AGREEMENT TO RECEIVE GENERAL INFO: (BY SMS OR E-MAIL)

YES

NO

EMERGENCY CONTACT:

| | | |
|-----------------|-------|---------------|
| Contact number: | Name: | Relationship: |
|-----------------|-------|---------------|

MEDICAL INFORMATION (OPTIONAL)

| | |
|------------|-----------------|
| Bloodtype: | Drug allergies: |
|------------|-----------------|

ACTIVITY

| | | | | | |
|--------------|----------|------------------------------|-----------------------------|-------------|---|
| N° of jumps: | License: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | License N°: | Date of issue: <u> </u> / <u> </u> / <u> </u> |
|--------------|----------|------------------------------|-----------------------------|-------------|---|

SCHOOL OF BELONGING FOR THE CURRENT YEAR:

ACTIVITY START YEAR

| | |
|--|--|
| | |
|--|--|

ABILITATION:

| | | | | | | |
|-------------------------|-----|---|--------------------|-----|---|--|
| C.S. DL/ DL LIM: | N°: | Date of issue: <u> </u> / <u> </u> / <u> </u> | IP/IPS AFF: | N°: | Date of issue: <u> </u> / <u> </u> / <u> </u> | IP abilitation expiration date: |
| IP/IPS: | N°: | Date of issue: <u> </u> / <u> </u> / <u> </u> | IP/IPS PT: | N°: | Date of issue: <u> </u> / <u> </u> / <u> </u> | <u> </u> / <u> </u> / <u> </u> |

MEDICAL EXAMINATION EXPIRATION DATE

LAST CUT-AWAY TEST DATE

INSURANCE EXPIRATION DATE

INSURANCE COMPANY:

| | | | |
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MINIMAL ACTIVITY EXPIRATION DATE

VALIDATION OF THE MINIMUM ACTIVITY OBTAINED AT THE SCHOOL:

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RIG

Main canopy:

Emergency canopy:

Last repack job date:

AAD model:

| | | | |
|--|--|--|--|
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I DECLARE THAT I HAVE A CERTIFICATE / LICENSE BOOK OF PARACHUTING, INSURANCE CERTIFICATE AND MEDICAL EXAMINATION.

ALL THE ABOVE DOCUMENTS ARE IN THE COURSE OF VALIDITY.

I DECLARE TO USE A PARACHUTE AUTHORIZED BY THE COMPETENT AUTHORITIES.

DATE: _____

SIGNATURE: _____