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**STAGE E-SPORT**

**Fiche d’Inscription - AVRIL**



**Complexe Christiane Moreau 7 rue Raspail, 44100 Nantes**

**NOM : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Date de Naissance : \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_ Age : \_ \_ \_ \_ \_ \_ \_ \_**

**Téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ E-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

PAGES VACCINS A FOURNIR A LA PREMIERE INSCRIPTION !

 **La LICENCE PREMIUM est obligatoire lors de la première inscription, elle coûte 22 € et est valable 1 an (SAISON 2022 / 2023). Elle couvre votre enfant pour toutes les pratiques sportives et de loisirs.**

**Oui je prends la licence prémium Non j’ai déjà pris la licence (via MSL / Centre de Loisirs)**

**Inscriptions**

Formule « Unique » :

* Forfait semaine de 5 jours = 185 €

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Réduction Famille : 5% (2 enfants) 10% (3 enfants) 15% (>3 enfants)

Sous Total = \_ \_ \_ \_ \_ \_ \_ \_ €

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Amplitude horaire d’accueil maximal : 9h30 – 16h30

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 Licence 22 € (si non déjà prise au Multisports ou dans une autre Section)

**Total :**

**Paiement à adresser à l’ASPTT Nantes - 42 Rue Appert 44100 Nantes**

Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ \_ \_ \_ \_ \_ \_ **Signature :**

La loi informatique et liberté n°78-17 du 6/01/1978 modifiée en août 2004, s'applique aux réponses faites à ce bulletin d'adhésion. Toutes les informations de ce document font l'objet d'un traitement informatique et le licencié dispose d'un droit d'accès et de rectification auprès de l'ASPTT Nantes

**INFORMATIONS SANITAIRES** :

**Dans tous les cas, merci de fournir une ordonnance**

**Votre enfant suit-il un traitement** : NON : OUI :



Si oui, lequel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Merci d’indiquer succinctement le protocole à suivre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Votre enfant a-t-il des allergies** : NON : OUI :

Si oui, lesquels : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Merci d’indiquer succinctement le protocole à suivre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Votre enfant a-t-il un régime alimentaire spécifique**: (ex : végétarien / sans porc …) NON OUI

Si oui, lequel : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Votre enfant a-t-il eu les maladies suivantes** :

Rubéole : oui / non Varicelle : oui / non Angine : oui / non

Scarlatine : oui / non Rougeole : oui / non Otite : oui / non

Oreillons : oui / non Coqueluche : oui / non Rhumatisme articulaire : oui / non

**Votre enfant a-t-il eu des problèmes de santé** : oui – non *(hospitalisation, opération, rééducation, problèmes cardiaques…)*

Si oui, lequel(s) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Merci d’indiquer succinctement les précautions à prendre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Votre enfant porte-t-il** :

Lunettes : oui / non Lentilles : oui / non Prothèses auditives : oui / non Prothèses dentaires : oui / non Autre : \_ \_ \_ \_ \_ \_ \_ \_

**Droit à l’image** :

J’autorise ou Je n’autorise pas  l’ASPTT de Nantes à prendre des photos et des vidéos pouvant être utilisées pour sa communication.

**AUTORISATION PARENTALE**

Je soussigné(e) Mme/Mr \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, demeurant \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ autorise les éducateurs de l’ASPTT Nantes à transporter mon enfant dans les véhicules de l’association ou voitures particulières pour tous déplacements dans le cadre des stages sportifs. J’autorise également le corps professionnel médical à procéder à toute intervention d’urgence.

**Fait à : \_ \_ \_ \_ \_ \_ \_ \_ \_, le : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Signature :**