



Registration form AutiSport

The participant :

NAME and first name

House number and street

Postal code and city

Telephone / mobile

Email

Date of birth / Matricule

Allergies / Medical contraindication to sport

The legal representative/guardian for a minor participant/under guardianship:

NAME and first name

House number and street

Postal code and city

Telephone / mobile

Email

Sign up for free at AutiSport

Will try AutiSport 2 times before signing up definitively

Date

Signature