**Fiche d’inscription**

**Stage Handi Natation – du 24 au 28 février 2025**

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

**Date de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Lieu de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Adresse complète :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Numéro de téléphone :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mail :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_

**Pathologies :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_

**Êtes-vous licencié à la Fédération Française Handisport ? : □** Oui **□** Non

**Êtes-vous licencié à la Fédération Française Sport Adapté ? : □** Oui **□** Non

**Si oui, dans quel club ? :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Numéro de licence :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_

**Si non,** merci de vous munir d’un certificat médical de non contre-indication à la pratique de la natation.

**Seriez-vous accompagné ? : □** Oui **□** Non

**Si oui,** information accompagnateur**\* :**

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

**Date de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Lieu de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Adresse complète :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Numéro de téléphone :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mail :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_\_ \_ \_ \_ \_

\**Pour les accompagnateurs, une licence temporaire vous sera prise par le comité régional handisport BFC.*

**Créneau souhaité ? : □** 13h **□** 14h (attention place limitée sur chaque créneau)

Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ \_ \_ \_ \_ \_ \_ \_ Signature,