

STUDENT RECORD

Date: ____/____/200__

STUDENT PROFILE

First Name: _____ Family Name: _____

Date of Birth: _____ Male/Female: _____

Occupation: _____

Address: _____

City/State: _____ Country: _____

Telephone: _____ Mobile: _____

E-mail Address: _____

Open Water Swimmer: Yes No

Other Sports: _____

Hotel/Apartment: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Last name: _____

Telephone: _____

Relationship: _____

Mailing Address: _____

Courses

Kiteboarding

IKO Level 1	<input type="checkbox"/>	IKO Level 2&3	<input type="checkbox"/>	IKO Discover Kiteboarding	<input type="checkbox"/>
IKO Level 1&2	<input type="checkbox"/>	IKO Level 3	<input type="checkbox"/>	Kiteboarding with supervision	<input type="checkbox"/>
IKO Level 2	<input type="checkbox"/>	IKO Level 1&2&3	<input type="checkbox"/>		

Payment

Total amount: _____

Date paid: ____/____/200__

Down Payment: _____

Date paid: ____/____/200__