



APPLICATION FOR BASIC PARACHUTE TRAINING LED BY L.S.D.

Name and surname:..... Phone number:.....

Passport number:.....

Date of birth:.....

Permanent address:.....

.....Postcode:.....

E-mail:.....

I register to basic parachute training realized by L.S.D. I am aware of all risks, which can happen during skydiving. I am making this decision freely and being fully consciousness. I agree with keeping my personal data in L.S.D. database.

Date..... in..... Signature:

Participants under the age of 18 need permission of their legal representatives.

Name and surname:.....

Relationship to participant:.....

Officially certified signature of legal representative:

MEDICAL EXAMINATION BY APPOINTED AVIATION DOCTOR

Name and surname:.....

Passport number:.....

Above mentioned **IS** able to participate the basic parachute training (including the jump off the plane).

Restriction:.....

Date of examination:.....

Signature and stamp of the doctor.....