

No registration Sunday morning

# " Les 9 Clochers en Beaujolais "

2017, October Saturday the 07<sup>th</sup> and Sunday the 08<sup>th</sup>

## Registration form

To send back before Tuesday, October 5th to

"Les 9 Clochers

1 Avenue de la République

69380 Chazay d'Azergues

France"

♦ 9 Clochers  
(25 Km) 12,00€

♦ 5 Clochers  
(12 Km) 10,00€

♦ Foulées  
jeunes 2,00 €  
 (October 07th)

Payment during the withdrawal of your number  
(1 bulletin by runner - Write in capital letters PLEASE)

NAME : \_\_\_\_\_ FIRST NAME : \_\_\_\_\_

MEN - WOMEN ( Surround the good answer) Date of birth: ... / ... / 19 .... (Day - Month - Year)

RUNNING CLUB : \_\_\_\_\_

NAME COMPANY \_\_\_\_\_

YOUR ADDRESS : \_\_\_\_\_

CITY : \_\_\_\_\_ COUNTRY : \_\_\_\_\_

ZIP CODE : \_\_\_\_\_

EMAIL : \_\_\_\_\_ @ \_\_\_\_\_

Mark one of the following compartments:

- I HAVE A SPORTS LICENSE : I join the photocopy of my valid license on October 07th, 2013
- I HAVEN'T SPORT LICENSE : I join a Medical certificate delivered after October 07th, 2016 with the mention: not contraindication of the practice of the athletics in competition or from the running in competition. No other description will be accepted

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*Compulsory parental consent for the minors been born after October 08th, 1999  
Supplement to the photocopy of the license or the medical certificate..*

*I authorize my son - my daughter to participate in the test (See his inscription above) I also authorize him to receive all the first aid which is necessary in the event of an accident; And after advise from an doctor, be transported to the hospital in the event of an emergency, and to carry out any urgent surgery if necessary*

Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

The inscription will be refused in absence of one of the wanted documentary evidences (law N 99-223 of March 23rd, 1999). Extract of the regulation: " Any inscription involves the apprehension and the whole acceptance of the regulation of the running "