

Individual registration form

Lessons sit ski and standind - 2025/26

Please fill out this form as best as possible for our secretariat and our instructors.

Ski session (with framing)	Equipment loan
☐ Tandemski / Tandem'flex	☐ Tandemski / Tandem'flex
☐ Uniski / Dualski	☐ Uniski
☐ Snow'kart	☐ Dualski
☐ Tétraski	☐ Scarver
☐ Standing Ski	☐ Snow'kart

Trainee :

Name :* First name :*

Address :*

Phone on site : Mobile mobile:

E-mail :* Can you check your emails at your vacation spot? YES - NO

Your size : Your weight :

Your disability :

☐ Paraplegia	☐ Tetraplegia	☐ Cerebral palsy	☐ Hemiplegia	☐ Disease	☐ Intellectual disability, autism
Lesion height :		☐ Standing ☐ Manuel chair ☐ Electric chair	☐ Right ☐ Left		

• Prescriber, if different from the trainee:

Name : First name :

Phone : Relationship (parents, brother, sister, friends):.....

E-mail : Will you be present during the stay? YES - NO

Your stay :

Planned place of residence:..... Arrival/departure dates:.....

Planned days and number of hours of skiing:

Day	Exemple : Monday 17/01/25						
NB desired hours	Exemple : 2H If possible morning						

The check or deposit transfer to be returned to us must correspond to 50% of the total amount of the scheduled course hours (for the calculation see the attached sheet)

Equipment:

Model and settings (Tempo, Scarver ... / Taille de coque ...):

Is this your first reservation with Loisirs Assis Evasion? YES - NO If yes, contact us by telephone on 06 73 39 81 78 and can you tell us :

How you knew us:.....

Special information:

As part of LAE's activities, we are required to take photos which can be distributed on our communication media. (flyers, Facebook, Website, press,...). If you do not wish to appear in our photos please check the box below : ☐ No, I don't accept

Loisirs Assis Evasion may use the email address you provided to inform you about the progress of the association's activities. If you do not wish to receive these communications, please check the box below: ☐ No, I don't accept

In The Signature :

By signing I acknowledge having read and accept our general conditions of sale.

Request to be returned by mail to: Loisirs Assis Evasion - 266 impasse de Boesna - 74190 Passy, with the check or deposit transfer of 50% of the total amount of your courses or for the loan of equipment the deposit check corresponding to the price of the desired equipment (see notice in appendix), payable to Loisirs Assis Evasion to confirm your reservation.
In case of transfer, check this box and the date of its completion: ☐

CHQ n°..... The : Amount :



--- WINTER ACTIVITY PRICES --- 2025/2026

Sit ski session at Combloux:
€50 per hour for an hour and a half or two hours

**For other half-day or full-day rates,
Individual or group,
Please contact us by email at:
contact@loisirs-assis-evasion.com**

Prices may vary depending on the stations, duration and type of service.

For the payment of your reservation requests, 50% of the total amount must be paid upon reservation, and payment of the balance at your first lesson, ski lifts are extra.

TERMS OF EQUIPMENT LOAN

The loan of adapted equipment from the association is free for individuals at the Combloux resort. Requests outside Combloux and all requests made by a professional or an association will be subject to rental. Please contact us by email to find out the amount and terms of the loan. Once your loan request has been made and validated, please contact us three days before in winter and one week before in summer to organize the loan of the equipment.

Material	Deposit check requested
TANDEM SKI / TANDEM'FLEX	5 000 €
UNISKI	3 000 €
SCARVER	4 000 €
DUALSKI	3 000 €
DUALSKI PILOTE	3 000 €
SNOW'KART	3 000 €



CAISSE D'EPARGNE
CE RHONE ALPES

Relevé d'Identité Caisse d'Epargne

Ce relevé est destiné à être remis, sur leur demande, à vos créanciers ou débiteurs appelés à faire inscrire des opérations à votre compte (virement, paiement de quittance, etc.).
Son utilisation vous garantit le bon enregistrement des opérations en cause et vous évite ainsi des réclamations pour erreurs ou retards d'imputation.

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c/etab	c/guichet	n/compte	c/rice	domiciliation

IBAN

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SALLANCHES
20 PLACE CHARLES ALBERT
74700 SALLANCHES
TEL : 08.20.07.58.13

Intitulé du compte **ASS LOISIRS ASSIS EVASION**
ASS LOISIRS ASSIS EVASION FORM
266 IMPASSE DE LA BOESNA
74190 PASSY