



Individual registration form Spring/Summer/Autumn Activities - 2026

Please complete this form as best you can for our secretariat and our instructors.

Services	
<input type="checkbox"/> All-Terrain Chair	<input type="checkbox"/> Paragliding (80 kg max)
<input type="checkbox"/> Electric All-Terrain Chair	<input type="checkbox"/> Paddle
<input type="checkbox"/> CIMGO	

• **Trainee :**

Name : First name :

Address :

Phone on site : E-mail :

Your disability : Check the corresponding box(es)

<input type="checkbox"/> Paraplegia	<input type="checkbox"/> Tetraplegia	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> Hemiplegia	<input type="checkbox"/> Disease	<input type="checkbox"/> Intellectual disability, autism
Lesion height:		<input type="checkbox"/> Standing <input type="checkbox"/> Manuel chair <input type="checkbox"/> Electric chair	<input type="checkbox"/> Right <input type="checkbox"/> Left	<hr/> <hr/>	<hr/> <hr/>
Your size: cm			Your weight: kg		

• **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 activities :

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

Equipment :

Specificities (Quadrix Access, Quadrix Touch, Trialp ... etc):

Is this your first reservation with Loisirs Assis Evasion? YES - NO If yes, contact us by mail on contact@loisirs-assis-evasion.com

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 email to contact@loisirs-assis-evasion.com or by post to: Loisirs Assis Evasion - 266 impasse de Boesna - 74190 Passy, with the **check made payable to Loisirs Assis Evasion or a deposit transfer of 50% of the total amount of your courses**, to confirm your reservation.

In case of transfer, check this box and the date of its completion:

CHQ n°..... The : Amount :



--- SPRING/SUMMER/AUTUMN ACTIVITES PRICES --- 2026

Outing in an all-terrain chair or Cimgo:

€50 per hour for a 1.5 or 2 hour outing

For outings requiring more than 2 machines, thank you for contacting us.

Tandem paragliding flight:

75€

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.



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.

13825	00200	08002932658	10	CE RHONE ALPES
<i>c/étab</i>	<i>c/guichet</i>	<i>n/compte</i>	<i>c/rice</i>	<i>domiciliation</i>

IBAN

FR76	1382	5002	0008	0029	3265	810
------	------	------	------	------	------	-----

BIC

C	E	P	A	F	R	P	P	3	8	2
---	---	---	---	---	---	---	---	---	---	---

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