



# Individual registration form

## Lessons sit ski and standind - 2026/27

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

Ski session (with framing)	
<input type="checkbox"/> Tandemski / Tandem'flex	<input type="checkbox"/> Tétraski
<input type="checkbox"/> Uniski / Dualski	<input type="checkbox"/> Standing Ski
<input type="checkbox"/> Snow'kart	

• **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"/> Right	_____	_____
		<input type="checkbox"/> Manuel chair	<input type="checkbox"/> Left	_____	_____
		<input type="checkbox"/> Electric chair		_____	_____
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 skiing:

Day	Example : Monday 17/01/23						
NB desired hours	Example : 2H If possible morning						

• **Equipement:**

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 [contact@loisirs-assis-evasion.com](mailto: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](mailto: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 : .....



**--- WINTER ACTIVITY PRICES ---**  
**2026/2027**

**Sit ski session at Combloux:**

Duration	Prices
1h30	75,00 €
2h00	100,00 €

**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.

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<i>c/étab</i>	<i>c/guichet</i>	<i>n/compte</i>	<i>c/rce</i>	<i>domiciliation</i>

**IBAN**

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**BIC**

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

**SALLANCHES  
20 PLACE CHARLES ALBERT  
74700 SALLANCHES  
TEL : 08.20.07.58.13**