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| **NOM** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PRENOM** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Date de naissance : / /  Couleur ceinture 2017/18: …………………………..**

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| --- |
| **Adresse :** |

**Tél domicile :** ……………………………. **Tél portable  :** ………………………………

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| **E-mail :**  **obligatoire** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nom des parents ou responsable légal :**

**Nom et qualité des personnes amenées à chercher l’enfant au club (si différent) :**

**Antécédents médicaux :** si oui en aviser le club **Autorisation à orienter vers services de santé : OUI NON**

**Certificat médical de non contre-indication à la pratique du judo en compétition obligatoire**

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| *cocher ou compléter les cases bleues* | | |  |  |  |  |  |  |  | |  |  |
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|  | | **frais d'entrée** | **Cotisation annuelle** | **licence FFJDA** | **total** |  |  |  | **paiement par tiers** | | | |
| 1ère inscription | | 8 € | 104 € | 37 € | **149 €** |  |  |  | 50 € | 49 € | | 50 € |
| membre | |  | 104 € | 37 € | **141 €** |  |  |  | 50 € | 46 € | | 45 € |
| membre comité pratiquant | |  |  | 37 € | **37 €** |  |  |  |  |  | |  |
| membre comité non pratiquant | |  |  | 37 € | **37 €** |  |  |  |  |  | |  |
| 3e enfant ou structure fédérale | |  |  | 37 € | **37 €** |  |  |  |  |  | |  |
| ceinture noire | |  | 67 € | 37 € | **104 €** |  |  |  |  |  | |  |
| *le montant de la licence est reversé à la FFJDA* | | |  |  |  |  |  |  |  |  | |  |
| Passeport judo reversé à la FFJDA | |  |  |  | **8 €** |  |  |  |  |  | |  |
|  | |  |  | **Total** | |  |  | | |  | |  |
| Paiement en 3 fois: **30/9 - 31/12 -31/3** | | | **OUI** |  | **NON** |  |  |  |  |  | |  |
|  | |  |  |  |  |  |  |  |  |  | |  |
| Paiement par chèque | | 1 chèque |  | 3 chèques |  |  | **ANCV** |  | coupon | sport | |  |
|  | |  |  |  |  |  |  |  |  |  | |  |
| Nom du titulaire compte chèque (obligatoire) | | |  | | | | |  |  |  | |  |
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| Paiement en espèces | **OUI** | |  | Don | **OUI** |

Facture : **OUI** (entourer si oui)

**Dojo de référence : WASSELONNE WESTHOFFEN SCHARRACHBERGHEIM REUTENBOURG**

**Entourer le dojo choisi**