

SECTIONS THAT MUST BE COMPLETED BY REGISTERED
MEMBERS OR THE LEGAL REPRESENTATIVE
OF MINORS/PROTECTED ADULTS

To be kept by the club for 10 years

TO BE COMPLETED BY REGISTERED MEMBERS OF AGE AND/OR
LEGAL REPRESENTATIVES OF MINOR/PROTECTED ADULT REGIS-
TERED MEMBERS

I, the undersigned, Mr/Mrs

In my capacity as a registered member and/or legal representative of a registered member

INSURANCE AND/OR ASSISTANCE COVER

I acknowledge:

- ☐ that I have received the leaflet «Information on the Carte Neige Licence» and that I have read, in this document or on the FFS website www.ffi.fr or that of its insurance broker www.ffi.verspieren.com, the extent of the insurance and/ or assistance coverage indicated in it, and that I have been informed of the option of taking out, on my behalf or that of the minor/protected adult for whom I am the legal representative, additional cover when I join the FFS (see page 14).

HEALTH QUESTIONNAIRE/MEDICAL CERTIFICATE

NB: "loisir" and "dirigeant" members of legal age are not required to complete a health questionnaire or provide a medical certificate*

MINOR MEMBER (ALL LICENCE TYPES)*

I certify on my honour that:

- ☐ I and the underage registered member have completed and answered "no" to all sections of the questionnaire on minor athletes' state of health, available on www.ffi.fr/questionnaire-sante-mineur

If the box above is not checked:

- ☐ I have presented to my club, prior to the validation of the license, a medical certificate less than 6 months old, attesting that there are no contraindications to the practice of the sport or discipline concerned

ADULT COMPETITOR MEMBER

I certify on my honour that:

- ☐ I have completed and answered «no» to all sections of the health questionnaire on the state of health of athletes of age, available at www.ffi.fr/questionnaire-sante-majeur

If the box above is not checked:

- ☐ I have presented to my club, prior to the validation of the licence, a medical certificate less than 6 months old, attesting that there are no contraindications to the practice of the sport or discipline concerned in competitions

* Special case for registered members, whether of age or underage, practising the biathlon (competition and leisure):

I certify on my honour that:

- ☐ I have presented to my club, prior to the validation of the licence, a medical certificate less than one year old attesting that there are no contraindications to the practice of the BIATHLON («in competition» if appropriate)

The medical certificate must be provided each season to the club. This medical certificate is issued following a medical examination during which special attention is paid to the neurological examination and mental health, hearing acuity is the examination of the dominant upper limb. **A MODEL of a medical certificate, recommended by the FFS, is available on the FFS and BAO websites.**

FIGHT AGAINST DOPING

Only for underage and protected adult members (when the taking of such a sample falls within the categories of acts for which the person concerned benefits from the assistance of the person responsible for their protection under the conditions of article 459 of the Civil Code)

I authorise :

- ☐ Within the framework of anti-doping regulations, in particular article R. 232-52 of the Sports Code, any sampling requiring an invasive technique with the minor over whom I have parental authority/the protected adult for whose protection I am responsible.

CHECKS ON THE GOOD CHARACTER OF VOLUNTEER SUPERVISORS AND OPERATORS

I certify on my honour that :

- ☐ I am a volunteer supervisor (within the meaning of Article L. 212-1 of the French Sports Code), a federal official (competition judges, technical delegates for competitions, trackers and timekeepers are considered as such) or I work with minors
- ☐ I am the operator of a physical activity and sports establishment (within the meaning of Article L. 322-1 of the Sports Code). All presidents, treasurers and secretaries of clubs, ski committees, departmental committees, regional leagues and the federation, as well as the general managers of these structures, are considered as such.

If at least one of the two boxes above is ticked :

- ☐ I acknowledge that the licence I am applying for qualifies me for the functions of sports educator, official and operator of physical and sports activities establishments and/or to work with minors (within the meaning of articles L. 212-1 and L. 322-1 of the Sports Code).
- ☐ In this respect, I understand that the elements constituting my identity will be transmitted by the French Ski Federation to the State services so that an automated control of my good character within the meaning of article L. 212-9 of the Sports Code can be carried out.

PERSONAL DATA PROTECTION

I authorise :

- ☐ The French Ski Federation to use personal data belonging to me (or the minor or the protected adult for whom I am the legal representative), in particular my email address, for promotional or commercial purposes for its own activities and any it carries out on behalf of its partners or official suppliers, without transferring the data to these third parties.
- ☐ The French Ski Federation to transmit some of my personal data (or those of the minor or protected adult for whom I am the legal representative) to third parties and in particular its partners and official suppliers, for commercial, association-related or humanitarian purposes.

Date and signature of the adult registered member or legal representative (for minors and protected adults):