



Sports Registration

RECTO A FAIRE REMPLIR PAR LE CABINET MEDICAL/BOTH PAGES TO BE FILLED BY MEDICAL STAFF

MEDICAL CERTIFICATE CONFIRMING APTITUDE TO PRACTICE SPORT

I, Medical Doctor, hereby certify having performed a medical check-up on,

Born on:

And confirm not having observed any apparent signs or indications that would prevent the participation in sports activities – within the university or for competitions.

Date:

Signature & Stamp:

Comments:

I, , hereby refuse for the doctor to examine me physically and declare me being fit and healthy for sports activities.

Date:

Signature:

FINANCE DEPARTMENT (FOR STAFF ONLY):

Regular Fee Paid at the Finance Department on:

Signature & Stamp:



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OPTIONAL

Clef* de Casier dans vestiaires du Sports Hall/Locker with key* in the Sports Hall's changing rooms
(doit être demandé à la reception du building des Sports)

Locker Number:

Date Provided:

Signature:

Date Restitution:

Signature:

Date Need to be Charge:

Key Form:

Date Provided:

Signature:

Date Restitution:

Signature:

Date Need to be Charge:

- * La clef est fournie par Sorbonne Abu Dhabi/The key is provided by Sorbonne Abu Dhabi
- * La clef ne doit pas être dupliquée/The key must not be duplicated
- * En cas de perte de votre clef, vous devez en informer le bureau des sports et faire une nouvelle demande./In case of key loss, kindly report it and complete a new 'Key Form'
- * Un montant de 100 AED vous sera demandé en cas de non restitution de la clef en fin d'année./You will be requested to pay 100 AED if you don't return your key by the end of the academic year



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VERSO À REMPLIR PAR L'ÉTUDIANT

A remettre au Coordinateur des Sports (Aile Administration, Bureau 2.023)/To be completed by the student and to be submitted to the Sports Coordinator (Administrative wing, Office 2.023). **Obligatoire/Compulsory. Please Attach 2 Photos.**

Nom/Last Name:

Prénom/First Name:

Née le/Born:

Mobile:

Email: (Please submit your Paris-Sorbonne Univeristy Abu Dhabi email address. Very important for email announcements)

Demeure à la residence/Live at Residence: Yes No Staff/Personnel

FLE Licence 1 Licence 2 Licence 3

DU/Executive Certificate in Sport Management Master 1 Master 2 Alumni

External Department Department:

Souhaitez-vous participer à la League universitaire?/Do you want to participate in the university league?

Oui/Yes Non/No

Avez-vous un moyen de transport personnel? Oui/Yes Non/No

**ACTIVITÉS PHYSIQUES ET SPORTIVES AND OPTIONS (1 OPTION MAXIMUM PAR SEMESTRE)
SPORTS ACTIVITIES AND OPTIONS (MAXIMUM 1 OPTION PER SEMESTER)**

SEMESTRE 1/SEMESTER 1

Choix/Choice 1: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

Choix/Choice 2: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

Choix/Choice 3: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

SEMESTRE 2/SEMESTER 2

Choix/Choice 1: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

Choix/Choice 2: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

Choix/Choice 3: Jours/Days:
 Loisir/Leisure Option (avec note/with mark)

I hereby declare that I fully acknowledge the Sport Rules and Regulations form and undertake to respect it.

I authorise the University to use my image as mentioned in the document.

I do not authorise the University to use my image.

Date:

Signature: