



**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:

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



Sports registration

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.

Banner Number:

Nom/Last Name:

Prénom/First Name:

Née le/Born:

Mobile:

Email: (Please submit your Sorbonne 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

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. Yes No

Date: Signature: