

# Registration / ICE Form



## Welcome to Para-Sport-Club Triengen (PSC)

- This form is intended to help you get along on our dropzone quickly.
- Please read and complete the form carefully. After completing the form visit manifest or the responsible instructor to show them your license, insurance card and log book.
- Ticket can be purchased at the manifest.
- When you are ready to jump (got your DZ briefing, signed the waiver, packed your parachute) tell the manifest that you are ready to go. They will put you in a load. The load monitor and the PA-System will tell you when it's time to gear up

## Thanks and many good jump at Para-Sport-Club Triengen

Please fill out in readable format ☺

### Skydiver

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Zip Code, City: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Language: \_\_\_\_\_  
Email: \_\_\_\_\_  
License # \_\_\_\_\_

### Emergency Contact

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Street Addr.: \_\_\_\_\_  
Zip, City: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Language: \_\_\_\_\_  
 Yes, I would like to get the Newsletter

3rd Party Liability Insurance:  Swiss Skydive  Other: \_\_\_\_\_

Medication /  
Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergence  
Medicine? \_\_\_\_\_  
\_\_\_\_\_










### My Gear

1. Container: \_\_\_\_\_ AAD:  Yes  No  
Main (Type/Size): \_\_\_\_\_ Reserve (Type/Size): \_\_\_\_\_

2. Container: \_\_\_\_\_ AAD:  Yes  No  
Main (Type/Size): \_\_\_\_\_ Reserve (Type/Size): \_\_\_\_\_

Auf der Rückseite geht es weiter

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-  I know the landing procedures and how to behave on the air field Initials: .....
-  The coverage of my 3d party liability insurance is > 1 Million CHF and valid for  
the current year (VLK, Art.13) Initials: .....
-  My gear is ready to jump and the reserve has been packed according to  
manufacturer specification Initials: .....
-  My license is valid and has not expired Initials: .....
-  My medical condition and state of training meet the requirements for the planned jumps Initials: .....
-  I use an ADD that has been maintained by the manufacturer  YES  NO Initials: .....
-  I have made a total of \_\_\_\_\_ jumps, of which \_\_\_\_\_ in the last 12 months Initials: .....
-  All rights for image, video and audio recordings that have been created while skydiving  
at PSC dropzone belong to PSC Triengen and are not transferred in case the recordings  
are sold or otherwise given away Initials: .....
-  The legal council resides in Triengen, Kanton of Lucerne Initials: .....

I hereby declare that all of the information given above are correct and have been given truthfully

Date: \_\_\_\_\_ Signature: \_\_\_\_\_