



INDIVIDUAL INFORMATION FORM



YOUR CIVIL STATUS

Civility	DAN		
Name	ZAPART		
First name	WOJCIECH MAREK		
Date of birth	30.03.1966		
city and country of birth	BIELSKO-BIALA POLAND		
Nationality	POLAND		
Full address			
Postal code	32-107		
City	BAD SALZUFLEN		
country	GERMANY		
Phone	0049 177 2447335		
E-mail	ZAPART@GMAIL.DE		

* In the future, remember to notify us in case of change.

YOUR MEASUREMENT

Your size (inch)	184					
Your weight (kg)	84					
Your clothes size*	XS	S	M	L	XL	XXL

* Circle the statement corresponding to your usual clothing size

YOUR SKYDIVING PRACTICE

Your level	<input type="checkbox"/> beginner	<input type="checkbox"/> middlemen	<input checked="" type="checkbox"/> Confirmed
Circle the exact mention			

If you hold one or more recognized patents, complete the following table.
If not, go to the next questions.

Patents obtained (soldiers, civilians, associations, etc.)	Types of jumps (OA, OR)	Number of jumps made	Date of last jump made
DAEC F 13614-22		88	24.08.2025

IMPORTANT: imperatively attach to this document a copy of your certificates + the last written page of your Log Books in order to justify the number and type of jumps made.



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<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Type of main parachute (MC1, T10, SF10...)	
Reserve parachute packer <u>MIRPE</u>	

IMPORTANT:

- 1°) Reserve parachute: you must have official proof of packing, dated and signed by a DGAC-approved packer. This proof must be less than one year old on the day of the jump.
2°) Main parachute: for your first jump with us you must have a document attesting to an inspection carried out by a DGAC approved packer.

CONTACT IN CASE OF EMERGENCY*

Civility	<u>PANI</u>
Name	<u>ZAPART</u>
First name	<u>ADRIANNE</u>
Full Address	<u>MARKGRAFENSTRASSE 1</u>
Postal code	<u>33-615</u>
City	<u>BIELEFELD</u>
Country	<u>GERMANY</u>
Phone	<u>0049 171 335 2261</u>
E-mail	<u>ADRIANNE.ZAPART@ICLOUD.COM</u>

** In the future, remember to notify us in case of change.

SWORN STATEMENT

I the undersigned, NAME

FIRST NAME

Declare on my honor not to suffer from any physical or psychological problems that could make the practice of skydiving dangerous for me and others.

If in doubt about my abilities, I know that it is best to have professional medical advice.

I am also informed that it is my responsibility to check with my insurance that the latter covers the practice of skydiving in the event of material damage or not that I may cause in France and abroad.

Whether I participate in a jumping school, commemorative jumps or any other activity proposed and organized by Airborne Center, I undertake to scrupulously respect the program defined by the instructor(s), as well as their directives and instructions of whatever nature. they are as soon as they are linked to the practice of skydiving.

In case of loss, theft and damage to my equipment, only my responsibility is engaged.

Finally, I certify on my honor the accuracy of the information provided in this document, as well as the origin and integrity of the documents attached to it.

Done at

The

Signature (preceded by the words "read and approved")

Read and approved

The personal data concerning natural persons thus collected are mandatory and their main purpose is the organization of parachute jumps. They are exclusively intended, as well as those which will be collected later, for the A-Center Association, responsible for processing. Some data may be sent to third parties to meet legal and regulatory obligations. A-Center is bound to secrecy with regard to this data. However, A-Center is authorized by natural persons to communicate data concerning them to companies, associations and institutions for the purposes of management and organization of the various activities. Individuals have the right to access, rectify or delete any personal data concerning them from the A-Center association.