

DECLARATION
by the Athlete / Technician / Manager / Judge / Field operator

The undersigned _____

born on _____ to _____

DECLARES

	Not having had an ascertained diagnosis of COVID -19 infection;
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	Not to have had, in recent weeks, symptoms related to COVID-19 infection including body temperature > 37.5 ° C, cough, fatigue, dyspnoea, myalgias, diarrhea, anosmia, ageusia;
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	Not to have had any risky contacts with people with COVID-19 in recent weeks.
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In faith

(date and signature)

(in the case of a minor, also signs the parental authority of the operator)

NOTE

The above information will be processed in accordance with EU Regulation no. 2016/679 (General regulation on the protection of personal data) for the purposes of prevention from Covid-19 of which the information provided pursuant to art. 13 of the aforementioned Regulation.



A.S.D. CENTRO UNIVERSITARIO SPORTIVO - C.U.S. TRIESTE

Sede: Via Alfonso Valerio 8/3 – 34127 Trieste

Telefono 040/5587651 – Fax 040/5587653 –

Email cus@units.it – Sito web www.cus.units.it

REGISTRATION FORM

49° Meeting di Atletica Leggera 2020 - "C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani"

I (Name, Surname)	
As Legal Representative of	
Sport Club	
Address	
Country	
Phone number	
Email	
regularly affiliated to the Athletics Federation of its country affiliated to the W.A (World Athletics)	
Declare myself fully responsible and acknowledge the consequences for falsely declaring that the following Athletes:	
(1) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
(2) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
(3) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
- are registered to the Athletics Federation of their country affiliated to the W.A.	
- are in compliance with the Legislation on Health Protection in competitive sports, in force in the Country where they live.	
I authorize the aforesaid Athletes to participate in the Meeting di Atletica Leggera "C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani".	

Date

**Club stamp and Signature
Legal Representative**