



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

Sede: Comprensorio Universitario – Edificio C6 –

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## REGISTRATION FORM

**XLV Meeting di Atletica Leggera 2016**

**“C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani”**

I (Name, Surname)	
<b>As Legal Representative of</b>	
Sport Club	
Address	
Country	
Phone number	
Email	
regularly affiliated to the Athletics Federation of its country affiliated to the I.A.A.F. (International Association of Athletics Federations)	
<b>Declare myself fully responsible and acknowledge the consequences for falsely declaring that the following Athletes:</b>	
<b>(1) Name</b>	
<b>Surname</b>	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
<b>(2) Name</b>	
<b>Surname</b>	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
<b>(3) Name</b>	
<b>Surname</b>	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
<b>(4) Name</b>	
<b>Surname</b>	
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 I.A.A.F.;	
- are in compliance with the Legislation on Health Protection in competitive sports, in force in the Country where they live.	
<b>I authorize the aforesaid Athletes to participate in the Meeting di Atletica Leggera “C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani”.</b>	

Date

Club stamp and Signature  
Legal Representative

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