

VENICE GREEN VOLLEY – ATHLETES FORM

The following form must be duly filled by each team and must be printed out, signed by each team member and submitted together with the registration form. In case of minors, the signature must be of a parent or legal guardian/tutor allowing the minor to participate to the event. Any change or implementation can be made within wednesday 20th June. The signatories state: **a)** to know and accept the General Rules and Regulations of the Venice Green Volley that can be downloaded on the web site www.cusvenezia.it/venicegreenvolley; **b)** to be aware of the risks that can arise by participating to the Venice Green Volley and/or sport events in general; **c)** to voluntarily register and take all risks that can arise by participating to the sport event. The signatories of the present form, being aware of everything stated above and registering for their personal interest and no one else's, release the organizing committee, the promoters, the municipal administration, all sponsors of the event, their respective representatives of the aforementioned companies, to all present and future claims or any kind of liability arising from participation in the event. The signatories of the present form agree to the processing of personal data for the purpose of sending communications and/or advertising material by the organizers and their potential partners and/or sponsors (the data provided will be processed in accordance with the applicable privacy laws).

Indicate the tournament: University Tournament - Open Tournament

Indicate the category: 3x3 M 3x3 F 4x4 MISTO

Team name (max 25 letters):

Athlete n. 1	Athlete n. 1 – Team leader.
	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____

Athlete n. 2	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____

Athlete n. 3	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____

Athlete n. 4	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____

Athlete n. 5	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____

Athlete n. 6	Last name: _____ First name: _____ Fiscal code: _____ Sex: _____
	Date of birth: / / Place of birth: _____ Country: _____
	Address: _____ n. : _____ CAP: _____ City: _____ Province: _____
	e-mail 1: _____ e-mail 2: _____
	Mob.1: _____ Mob.2: _____ Tel. _____ Fax _____
	Does the athlete play also in another team?: <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please indicate the name and category: _____
	Readable signature: _____