

## 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 20<sup>th</sup> 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](http://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 category:     3x3 M     3x3 F

Team name (max 25 letters):

<b>Athlete n. 1</b>	<b>Athlete n. 1 – Team leader.</b>										
	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: _____										
Parent's signature: _____					Parent's name and last name _____						

<b>Athlete n. 2</b>	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: _____										
	Parent's signature: _____					Parent's name and last name _____					

<b>Athlete n. 3</b>	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: _____										
	Parent's signature: _____					Parent's name and last name _____					

<b>Athlete n. 4</b>	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: _____										
	Parent's signature: _____					Parent's name and last name _____					

<b>Athlete n. 5</b>	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: _____										
	Parent's signature: _____					Parent's name and last name _____					

<b>Athlete n. 6</b>	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: _____										
	Parent's signature: _____					Parent's name and last name _____					