

POSSESSION SELF-CERTIFICATION CERTIFICATE OF FITNESS AND APTITUDE TO PRACTICE SPORTS

(PLEASE USE ONLY CAPITAL LETTERS)

I, the undersigned,

First Name _____

Surname _____

Born (city, country) _____ on (dd/mm/yyyy), _____

Aware of the criminal liability arising from false statements.

DECLARE

To be in possession of the compulsory medical certificate, valid to compete in the indicated sport below

BADMINTON	CYCLING (15km-10Km)	PETANQUE	TENNIS
BASKETBALL	DANCING	RUGBY	TRACK & FIELD
BEACH VOLLEYBALL	FOOTBALL (A11-A5)	MARATHON (5Km-10Km)	VOLLEYBALL
BOWLING	GOLF	SWIMMING	WATERPOLO

In accordance with the established laws by the Italian government for the participation in the 17th edition of EuroGames, which will take place in Rome from 11th until 13 July 2019.

Date (dd/mm/yyyy):

Signature:
