

DECLARATION athlete licensed or registered for a Foreign Federation

NAME _____ SURNAME _____

CITY, NATION OF BIRTH _____ DATE OF BIRTH (dd,mm,yyyy) _____

NATIONALITY _____ GENDER (M / F) _____

RESIDENT AT _____
CITY (PROV) ZIP-CODE NATION

ADRESS _____

DECLARE THAT

IS REGISTERED FOR OR LICENCED BY THE FOLLOWING IAAF FEDERATION:

FEDERATION NAME _____

CLUB / TEAM (If applicable) _____

CARD NUMBER / (If applicable) _____

**I HEREBY DECLARE MYSELF FULLY RESPONSIBLE FOR THIS DECLARATION,
ACKNOWLEDGING THE LEGAL CONSEQUENCES OF A FALSE STATEMENT.**

PLACE AND DATE (dd,mm,yyyy)

SIGNATURE
