



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

Sede: Via Alfonso Valerio 8/3 – 34127 Trieste

Telefono 040/5587651 – Fax 040/5587653 –

Email [cus@units.it](mailto:cus@units.it) – Sito web [www.cus.units.it](http://www.cus.units.it)

## REGISTRATION FORM

53° Meeting of Athletics 2024 “C.U.S. Trieste”

<b>I (Name, Surname)</b>	
<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>- are registered to the Athletics Federation of their country affiliated to the I.A.A.F.;</b>	
<b>- are in compliance with the Legislation on Health Protection in competitive sports, in force in the Country where they live.</b>	
<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