

CERTIFICATO MEDICO SPORTIVO

SPORT MEDICAL CERTIFICATE

Il sottoscritto Dott.
I, the undersigned Dr.

,Medico dello Sport
,Doctor of Sport Medicine

Certifico che sulla base della visita medica e dei relativi accertamenti del/la Sig./ra
Certify that the examination of Mr/Ms

Data di nascita:
Date of birth:

Età:
Age:

Numero carta d'identità:
ID Card number:

Data di rilascio:
Issue date:

non presenta controindicazioni in atto alla pratica del ciclismo a livello agonistico
reveals no contraindications for participating in cycling competitions

Certificato emesso a (luogo):
Medical certificate issued in (place):

Data:
Date:

Firma del medico:
Doctor Signature:

Timbro
Doctors stamp

CERTIFICATO MEDICO SPORTIVO

CERTIFICAT MEDICAL SPORTIF

Il sottoscritto Dott.

,Medico dello sport

Je, soussigné Dr.

,Docteur en médecine du sport

Certifico che sulla base della visita medica e dei relativi accertamenti del/la Sig./ra

Certifie que l'examen de M/Mme

Data di nascita:

Età:

Date de naissance

Age:

Numero carta d'identità:

Data di rilascio:

Numero carte d'identité:

Date de délivrance:

**non presenta controindicazioni in atto alla pratica del ciclismo a livello agonistico
ne révèle pas de contre-indication à la pratique du cyclisme en compétition.**

Certificato emesso a (luogo):

Certificat établi à (lieu):

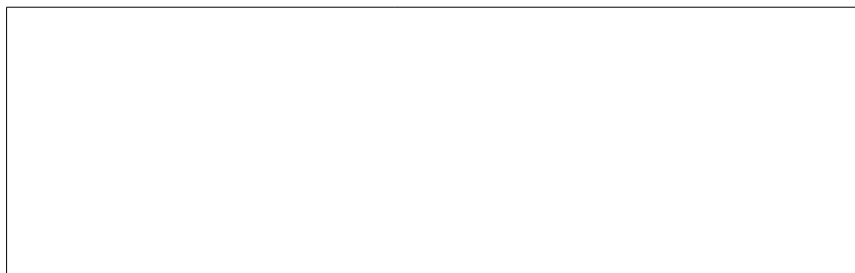
Data:

Firma del medico:

Date:

Signature du Médecin:

Timbro
Tampon du Médecin



CERTIFICATO MEDICO SPORTIVO

SPORTÄRZTLICHES ATTEST

Il sottoscritto Dott.
Ich, der unterzeichnende

,Medico dello Sport
Facharzt für Sportmedizin

Certifico che sulla base della visita medica e dei relativi accertamenti del/la Sig./ra
Certify that the examination of Mr/Ms
bestätige hiermit, dass die Untersuchung von Herrn/Frau

Data di nascita:
Geburtsdatum:

Età:
Alter:

Numero carta d'identità:
Ausweisnummer:

Data di rilascio:
Ausstellungsdatum:

non presenta controindicazioni in atto alla pratica del ciclismo a livello agonistico
keinerlei Kontraindikationen für die Teilnahme am Radsport ergab.

Certificato emesso a (luogo):
Ausstellung des ärztlichen Attests (Ort):

Data:
Datum:

Firma del medico:
Unterschrift des Arztes:

Timbro
Arztstempel



STATEMENT
Daily registration cards and registration of foreign participants

I, the undersigned

born in _____ on _____ (date of birth)

resident in _____ (full address), country

ID / Passport N. _____ (scan o be enclosed)

being a member of the ASD (Amateur Sport Group):

accept and fully share the aforementioned Sport Group's statute and that I am committed to respect it. I also state that I will fully comply with the statutory, staff, disciplinary, technical, and regulation rules of the Body to which the aforementioned Sport Group is affiliated.

Furthermore, I declare that:

- ✓ **I have not** been tested positive for doping, in case of planned or surprise tests approved by the U.C.I., the National and International Olympic Committee and the WADA, and I have never refused to undergo any planned or surprise anti-doping tests and/or health- prevention tests;
- ✓ **I have not been found with altered values of the biological parameters monitored in Biological Passport, in compliance with the W.A.D.A. and U.C.I. current regulations, without having demonstrated an actual genetic and/or physiological condition that would explain the alteration of the parameter/s;**
- ✓ **I have not** been found in possess of any medications or any biologically or pharmacologically active forbidden substances, or any substances subject to usage limitations in compliance with the anti-doping laws and regulations in force without a plausible, circumstantial and documented justification and, in any case, without medical prescription;
- ✓ **I have never** carried out medical practices that were not justified with documented pathological or therapeutic conditions, aiming or suitable to change the outcome of anti- doping tests concerning the usage of forbidden medications;
- ✓ **I have not** been sanctioned by Sporting and/or Ordinary Justice, for a period of time longer than six (6) months, for reasons related to doping;
- ✓ **I am not in the temporal conditions which do not allow the enrolment as amateurs cyclists (pursuant to resolution n. 6 dated 29.7.2013 CNC) that is:**
Athletes with a contract as professionals (Elite with contract): 4 years after the last year of the contract; Elite athletes without a contract: for the 2 years following the last membership in the category; U23 athletes: for the 2 years following the last membership in the category; U23 athletes with an only year of membership in the category: for 1 year following the last membership in the category; Women Elite for the 2 years following the last membership in the category.

This self-certification is assimilated to the one pursuant to and in accordance with the D.P.R. dated 28th December 2000, n. 445. Anyone who declares false statements is punished in accordance with the Crime Code and the special laws issued about the matter.

Date _____

Signature _____