



EUROPEAN CHAMPIONSHIP - 12/13 Maggio

REGISTRATION FORM RING SPORTS

Class: **C (Novice)** - **B (Amateur)** - **A (Expert)**

Castellammare del Golfo (Italy)

Club Name: _____

Address: _____

Telephone: _____

E-mail: _____

Surname	Name	Sex	Weight Kg	Class	Age	Country	Style	N° Match	Won	Won KO	Lost	Tie

COACH	
Surname	Name

This sports company enrolls athletes mentioned above to the event in question. It declares that all athletes are in possession of a valid medical certificate, which is a full-time sports practice and regular insurance coverage. With this statement, the federation and organizers of the event are relieved of any responsibility arising from participation of our athletes in the championship.

Signature of the club responsible _____

DATE: / /