



COMPETITION FORM

ATHLETE DATA:

NAME of the athlete (in capitals)

Gender ("male" or "female")

Date of birth

Country of birth

Citizenship

PERSONAL BEST DATA:

According to the regulations, the athlete has to provide his / her personal bests. Provide only performances that have been set no earlier than three months and no later than one day prior to this competition. The prerequisites requirements are listed in the AIDA rules and regulations.

Fill in only the disciplines that apply to this competition

CWT	<input type="text"/>
<input type="checkbox"/> Not applicable	
Date	<input type="text"/>

CWTB	<input type="text"/>
<input type="checkbox"/> Not applicable	
Date	<input type="text"/>

CNF	<input type="text"/>
<input type="checkbox"/> Not applicable	
Date	<input type="text"/>

FIM	<input type="text"/>
<input type="checkbox"/> Not applicable	
Date	<input type="text"/>

FREEDIVING RELATED INCIDENTS:

According to the regulations if an athlete has suffered from either a pressure related injury and / or a black-out within the last three months before the start of the competition, a new medical form, signed by a doctor, has to be provided.

Last pressure related injury date	<input type="text"/>
<input type="checkbox"/> Not applicable	

Last Black-Out date	<input type="text"/>
<input type="checkbox"/> Not applicable	

Medical examination date:	<input type="text"/>
---------------------------	----------------------

REMARK:

after each medical related incident it is mandatory to get a new medical certificate signed by a doctor.

SIGNATURES:

With my signature I acknowledge that I did fill-in this form correctly and take full responsibility of the data provided.

Athlete's signature

Witness's signature