

**MEDICAL CERTIFICATE OF FITNESS FOR
NON COMPETITIVE * SPORTS**

PLEASE USE BLOCK LETTERS ONLY

I, Doctor (name, surname) _____

with office at (complete address)

Phone number _____

declare myself fully responsible and acknowledge the consequences for
falsely declaring that

Mr./Ms. (name/surname) _____

born (city, country) _____

on (dd/mm/yyyy) _____ and resident at (complete address)

is in good health and fit to take part in a **non competitive** orienteering race
according to current laws.

This certificate is valid one year from this date.

Date _____ Doctor's signature and stamp _____

NAME OF PARTICIPANT: _____
(please use block letters)

CLUB AND COUNTRY: _____
(please use block letters)

IN THE LACK OF THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE START.

Complete and return by email to: info@orispring.it within **Friday 24th February 2017**.
Deliver the **original certificate** duly signed and stamped to the event center upon arrival.

* Non Competitive Categories: M/W12, Beginners, Direct 1, Direct 2