



2010 E&A DISABLED WATER SKI CHAMPIONSHIPS



13th – 18th September 2010
Recetto- Italy

OFFICIAL ENTRY FORM

TheWater Ski Federation enters the following skiers.

Official Categories A A+L1 A+L2 L LP MP1 MP2 MP3 V1 V2/3

If sending **reserve** skiers please tick reserve before name.
If sending a **Minor** please tick minor before name and sign declaration for Minors.
If sending a **Non Team** skier please tick non team before name.

TYPE Participant	FAMILY NAME	FIRST NAME	SEX	DATE OF BIRTH	CATEGORY	SLALOM	AUDIO SLALOM	TRICKS	JUMP	JUMP HEIGHT
Team										1,25
Non Team										1,50
Reserve										1,65
Minor										
Team										1,25
Non Team										1,50
Reserve										1,65
Minor										
Team										1,25
Non Team										1,50
Reserve										1,65
Minor										
Team										1,25
Non Team										1,50
Reserve										1,65
Minor										
Team										1,25
Non Team										1,50
Reserve										1,65
Minor										

Team Representatives	
Team Captain	

Doping control

Should doping control occur, it will be based on WADA rules for prohibited substances and methods.

In accordance with IWWF Anti doping rules, drug controls will be conducted during the competition. In entering this competition all skiers agree to be subject to doping control.

Information about the IWWF anti doping program can be found at:

<http://www.iwsf.com/AntiDoping/WEBpageinformation10.htm> where you can also find links to the list of banned substances.

I certify that the information listed in Entry Form is true and that each registered skier is in possession of a skiing license and a valid insurance and relieves the organizing federation, the officials, official carriers and the IWSF of any responsibility for any accident which would occur to the skier, or damage to his/her equipment during competition and training.

SIGNATURE OF FEDERATION OFFICIAL _____

NAME OF FEDERATION OFFICIAL _____

POSITION IN FEDERATION _____

Declaration for Minors, to be read and signed.

I the undersigned, being a Representative of the _____ Federation confirm that consent for each competitor entered to participate in the European Disabled Water Ski Championships 2008, who is a minor, has been obtained from his/her parent/guardian.

SIGNATURE OF FEDERATION OFFICIAL _____

NAME OF FEDERATION OFFICIAL _____

POSITION IN FEDERATION _____

Dear Federation Official,

It is most important that you return this document before **4th September 2010** to the relevant officials as set out hereunder.

- (a) The Secretary of European Disabled Council:

Dany De Bakker
De Neufstraat 3
2100 Deurne
Belgium
email: dany.debakker@skynet.be

- (b) Organizing Committee:

Italian Water Ski Federation
Via Piranesi 44/b
201327 Milan
Italy
email: alessandra.ferrari@scinautico.com

LATE FEE

10 Euro per skier for each day after 4th September 2010

MEDICAL FORM

Each skier is required to bring a completed medical form to registration.

SKIERS MEDICAL FORM

CONFIDENTIAL



Please Type:

Name: _____

Address: _____

Date of Birth _____ Team _____

Disability: _____

Actual Lesion _____ Function Lesion _____

Medical Conditions which may affect participation in competitions and associated activities – e.g. Epilepsy, Diabetes, Asthma, etc.

Outline Severity of Condition _____

Previous Classification: _____

Date and place of Classification: _____

Classification in Other Sports: _____

Date & Place of Classification: _____

