

# 5° QUADRIFOGLIO ULTRA-TRAIL®

Sabato 20 Maggio 2017

Registration number: \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The certificate is in accordance with Italian law. However in order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted.

This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number (if he is not an Italian doctor).

This certificate must be emailed to: **iscrizioni@wedosport.net** until May 18, 2016.

**Failure to do by this date will lead to the annulment of registration without reimbursement.**

Nobody will attend the race without the medical certificate.

## MEDICAL CERTIFICATE

I, the undersigned doctor \_\_\_\_\_ certify that the medical examination of:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Born on the: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

does not reveal any contraindication to the practice of competitive running.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp/seal (or professional number): \_\_\_\_\_