**ANNEXE 1**

**INITIAL ENTRIES FROM (Before 30/04/2024)**

Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: [wcfsbgd2024@gmail.com](mailto:wcfsbgd2024@gmail.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Club** |  | **NOC Code** |  |
| **Contact Person** |  | **Phone No.** |  |
| **Function** |  | **Mobile No.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Officials** | **Males** |  | **Females** |  |
| **Athletes Masters** | **Males** |  | **Females** |  |
| **Judge** | **Males** |  | **Females** |  |

**Declaration Form:** By registering my club in this championship, I undertake to respect the statutes, regulations and directives of the CMAS.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance:** I hereby declare that all the delegation members have valid health insurance for the duration of the stay, which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during the stay.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to the publication of imagery:** I grant the Organizing Committee permission for my imagery, full name, nationality, and voice to be recorded during the competition. All team members (or legal representatives) signed the relevant authorisation form.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Antidoping:** *this point does not apply to the Visual Championships and competitions.*

* I, the undersigned, am responsible for all the delegation members acknowledging *WADA Antidoping Rules* and *CMAS Antidoping Rules*.
* As a voluntary and mandatory commitment, the athletes must obtain the certificate ADEL (insert link of ADLE) before receiving the CMAS licences according to the relevant point in the CMAS Procedures and Obligations.
* The expenses regarding the controls in competition belong to the organisers. In case of eventual supplementary analysis requested by WADA related to the bio-physiology of an athlete as ex ABP (athlete biological passport), the expenses belong to her/ his national federation.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check CMAS Procedures and Finswimming rules for participation in CMAS Competitions and Championships.

Note:

|  |  |
| --- | --- |
| The President | Date |
| (Full name in block letters) |  |
| President Signature/stamp) |  |