



Surname: _____ First name _____ Date of birth: ____/____/____

Registration number _____

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 stamps it and specifies his professional number.

This certificate must be emailed to: iscrizioni@gardatrentinotrail.it by 1 May 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: ____ / ____ / _____

Validity of the certificate: _____

Signature of doctor: _____ Professional stamp/seal and professional number: _____