



ARIESCOMO
ATHLETIC TEAM



PERSONAL DATE

Surname: _____

First name: _____

Date of birth: ___ / ___ / _____

Signature Athlete _____

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 consigned at the Bib number collection in Asciano

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 vertical running.

Date: ___ / ___ / _____

Signature of doctor: _____

Professional stamp/seal (or professional number): _____

A.S.D. ARIES COMO ATHLETIC TEAM

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