

EUROPEAN „WALRUS” CHAMPIONSHIP

Gdańsk, 7-8 December 2019

PARTICIPANT DETAILS:

.....
NAME, SURNAME, TELEPHONE NUMBER

.....
DATE AND PLACE OF BIRTH - and what age category.....

.....
AREA CODE

.....
ADDRESS, CLUB

.....
I.D. WITH SERIAL NUMBER

WHICH DISTANCE AND IN WHAT STYLE:

Distance: 25,50,100,200,400,Stafety Mix
and 25 m Butterfly

TAKING PART IN THE INTEGRATION PARTY “YES”, HOW MANY PEOPLE / OR “NO”:

.....

DECLARATION

I understand the regulations and responsibilities of the event.

If I start the 100, 200 m or the 400 m, my doktor agreed and I had an ECG.

I freely declare that I am taking part upon my own responsibility. I also declare that my physical state allows me to take part in the European “Walrus” Championship of extreme swimming, and I will enter no claims legal or financial against the Organisers.

In agreement with the Data protection Act (29.08.1997.) I give my consent to the use of my personal details by the Organisers.

Gdańsk 2019.

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CLEAR SIGNATURE PARTICIPANT / CLUB

PROGRAMME DETAILS AT: www.lechmors.pl /Facebook