ATHLETES QUESTIONNAIRE

Cyclo-cross camp 2019



UCI Cyclo-cross Training Camp

Aigle (Switzerland)

1st – 6th October

Personal details

Surname (as mentioned in the passport):       First name(s):

Gender: [ ]  Female [ ]  Male Nationality:

Date of birth:       Place of birth:

**Home complete address**

Street:

Post code:       City:       Province:

Country:

**Phone numbers**

Home:       Father or mother’s mobile:

Mobile:       Email:

Emergency contact: Relationship and Name:       Phone No.:

**Passport**

**Important: please send us a copy of your passport!**

Passport nbr:

Date of issue:       Valid until:

**Dietary / known allergies**

Medical information – CONFIDENTIAL

All information will be treated confidentially. This information is necessary to ensure the athletes health.

Surname:       Frist name:

Name of your doctor:       Email:

Current injures:

Illness:

Current treatment:

What medicine do you take at the moment:

Past injuries/operations/accidents:

Please note all medical information that would be helpful (for example: medicine allergy):

Sporting details

National Federation:       Team or club:

Discipline:

**Federation’s technical supervisor or National Coach**

Please indicate surname, first name, complete address, phone and email:

Results

**2018**

International event Results Discipline

National event Results Discipline

Objectives

**2019**

**2020**

Place and date : Signature :