PHOTO 3x4

International Federation for Down Syndrome Football (FIFDS)

ATHLETE PERSONAL INFORMATION

Full Name:	
Date of Birth:	
Country of Origin:	
Passport Number:	
Passport Expiry Date:	
Email:	
Phone Number:	

SPORTS REGISTRATION DETAILS

National Federation:	
National Registration Number:	
SUDS Registration Number:	
FIFDS Registration Number:	
Current Team in Home Country:	

MEDICAL INFORMATION

Medical Certificate Attached:	
Medical Certificate Expiry Date:	
Doctor's Name:	
Medical Restrictions (if any):	
Food Restrictions (if any):	

SIGNATURES

Athlete's Signature:	
Guardian's Signature (if applicable):	
Date:	