## CENTRO DE ALTO RENDIMENTO DE SURF DA NAZARÉ



Assignment Form - Gym of the High Performance Surfing Center of Nazaré

1 - ATHLE	TE / TEAM IDENTIFICATI	ON					
Athlete / Team Name				Birthd	lay date	Mobile Phone Number	
Address				ZIP	Code	Localility	
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[mail				I do natificantia	n Deaumeant	Tax Identification Number	
Email					n Document	Tax Identification Number	
				Type -			
				Nō			
2 - PERSONAL ACCIDENT INSURANCE HOLDER (mark with a cross)							
No		Yes	Insuran	ice Policy Nº			
3 -TYPE OF ASSIGNMENT (mark with a cross only one blank space)							
OPTION CATEGORY			CRITERIA				
	Resident	Athlete / Team resid	ding in the Car	surf accommodati	on		
		ranece y realities					
	International Athlete	Athlete / Team with	request from	the respective fed	deration.		
				•			
	High Competition		proof of high	competition status	s (made official by th	ne competent authority in	
	Athlete Winning Athlete	their country).					
	WSL BWA	Athlete awarded at the WSL BIG WAVE AWARDS, in Nazaré.					
		Federated Athlete (	to compete) o	f the Alternative S	ports Club of Nazaré	(Entity that is part of the	
	CDAN Athlete		Federated Athlete (to compete) of the Alternative Sports Club of Nazaré (Entity that is part of the Local Management Committee of CARSURF)				
		Athlete / Team that does not fit in any of the above mentioned parameters.					
	Other	Athlete / Team that	does not fit in	any of the above	mentioned naramet	tors	
	Other	Athlete / Team that	does not fit in	any of the above	mentioned paramet	ters.	
		Athlete / Team that			•		
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4 - INFO	REMARKS (If you o	check the category "C	others" in poin		•		
4 - INFOI		check the category "C	others" in point	t 3, justify the need	d to use the sport fac	cility)	
4 - INFOI	REMARKS (If you of the second	check the category "Coss mandatory informary, which approves the hysical and Sports Activ	mation) e Basic Law on F	t 3, justify the need	d to use the sport fac Sport, refers in no. 2 of the practitioner to	of its article 40, in the ensure in advance that he	
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A Direção Técnica