

**YOUTH SKYRUNNING WORLD CHAMPIOSHIPS 2021**  
**DECLARATION OF LIABILITY NATIONAL TEAM**  
**international activity**

National Team \_\_\_\_\_

Declarant's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Present address \_\_\_\_\_ ( )

Telephone \_\_\_\_\_ Mail \_\_\_\_\_

As President/as the person in charge of the National Team \_\_\_\_\_

**DECLARES THAT**

- A) To all the athletes entered the competition and the managerial staff, coach, press and doctor, have been subjected to molecular swab\*, with a negative result, within two days from the arrival to the indicated hotel from the staff, as well as the attached list\*;
- B) *That all the athletes entered the competition and the managerial staff, coach, press and doctor, have been subjected to molecular swab\*, with a negative result, within two days from the arrival to the indicated hotel from the staff, as well as the attached list\*; (to the teams that do not use the booking through organisation)*
- C) That all the athletes entered the competition and the managerial staff, coach, press and doctor, incorporated in the annex, have the Green Pass UE which is attached\*;
- D) That all the athletes entered the competition and the managerial staff, coach, press and doctor, have an insurance policy related to the event, and also an appropriate medical certification

Place and date \_\_\_\_\_

Declarant's signature \_\_\_\_\_

N.B. It needs to be attached the valid document of the signatory

The President/Head of the Team, should let his athletes fill out all the documents and send all the statements, by 12 p.m. on 29 July 2021

\*All the documentation should be send to: [gransassoskyrace@gransassoskyrace.it](mailto:gransassoskyrace@gransassoskyrace.it)

**COVID protocol 2019 FISky, federal competitions, update 08-07-2021**

**HISTORY SHEET for SARS-Co-V2 (COVID-19) infection**

Surname \_\_\_\_\_ Name \_\_\_\_\_

Date and Place of birth \_\_\_\_\_ Residence \_\_\_\_\_ n° \_\_\_\_\_

Council \_\_\_\_\_ Province \_\_\_\_\_ Region \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Athlete - Coach - Staff - Volunteer - Other \_\_\_\_\_

For the athletes:

Have you been affected by Covid during the valid sport fitness certification?

If so, I add the certificate of "Return to play", released by those who signed my certificate of competence.

To all (including athletes):

1) Have you carried out the flu vaccine? If so, when? \_\_\_\_\_

2) In the past 14 days from today, have you had some of this symptoms?

- |  |          |
|--|----------|
| - body temperature > 37,5°C                        | yes - no |
| - cough or sore throat                             | yes - no |
| - weakness and tiredness                           | yes - no |
| - difficulty breathing resting or during trainings | yes - no |
| - diarrhoea  | yes - no |
| - nausea and/or vomiting                           | yes - no |
| - headache   | yes - no |
| - any difference in smelling or tasting            | yes - no |

3) In the past 14 days from today, have you been with someone affected by COVID? yes - no

4) In the past 14 days from today, have you been quarantined? yes - no

5) In the past 14 days from today, have you resulted positive to the molecular test? yes - no

Date \_\_\_\_\_

Signature \_\_\_\_\_

(signature of the person exercising parental authority)

*If you have answered "yes" to one or more questions of the test (except from the first question) to be accepted to the competition you must show a negative result to the COVID test that you should do 72 hours within the date of the competition. The information above will be dealt with in accordance with the Rules of Procedure UE n.2016/679 (General regulation on the protection of personal data) and they will be used only to allow or not to participate in the competition or its organisation. Local and global public health requirements will determine the duration of the data retention.*