

BV-06

CEV BEACH VOLLEYBALL ACCREDITATION OF MEDICAL STAFF



The National Federation of _____ requests accreditation for the following person:

LAST NAME		FIRST NAME	
DATE OF BIRTH		NATIONALITY	
EMAIL			

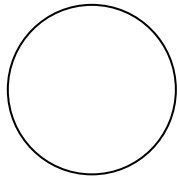
as **doctor** **physiotherapist** of the following team:

Shirt #	FIVB #	Last name	First name
1			
2			

According to the CEV Beach Volleyball Competitions Regulations, **the team medical staff requires the additional CEV Medical Authorisation in order to assist the athletes on court.**

The authorisation is requested for the following competition(s):

DATE	EVENT CATEGORY	VENUE / COUNTRY
	European Championships	
	Nations Cup _____	
	Queen & King of the Court European Finals	
	U____ European Championships	
	European Cup	

Name of the President and/or Secretary General (printed)	 Seal of the National Federation
Signature of the President and/or Secretary General	
Date and Venue	

This form must be sent directly to the organiser **together with** the received medical authorisation by CEV/FIVB within the timeline indicated for the respective competition

Important:

Such medical authorisation shall be requested by e-mail to medicalauthorisation@cev.eu no later than 1 month before the relevant competition, and comply with article 35.2 of the respective regulations.

The request is subject to confirmation by the CEV and entitles the person concerned to use the services and access the areas explicitly provided for medical care.