**Candidate Registration Form – Deadline Tuesday, February 7th, 2017**

**COURSE FEE PAYMENT DEADLINE: TUESDAY, FEBRUARY 7th, 2017**

|  |
| --- |
| **Participant’s Personal Information** |
| **FAMILY Name:**       | **GIVEN Name(s):**       |
| **Nationality:**  | **Gender:**       |
| **Passport #:**       | **Expiry date:**       | **Place of issue:**       |
| **Date of Birth:**       | **Place of Birth:**       |
| **T-Shirt Size:** [ ] XS [ ] S [ ] M [ ]  L [ ]  XL [ ] XXL  | **Profession:**       |
| **Contact Information** |
| **Primary Address:**       |
| **Home Phone:**       | **Mobile:**       |
| **Office Phone:**       | **Fax:**       |
| **E-mail address:**       | **SKYPE Name:**       |
| **Languages Spoken:**       |
| **Profession and Qualifications** |
| **Highest Medical Qualification** |
| **Level:**       | **Year:**       | **Country:**       |
| **Relation to NPC / NF** |
|       |
|       |
| **Attachments** |
| **Resume / CV:** **[ ]**  | **Proof of Qualification:** **[ ]**  |

**[ ]** I hereby confirm that all information provided above is true and correct. I will conform to the Rules & Regulations of the Course. I fully understand that my participation is at my own risk in all respect and will not hold World ParaVolley or the LOC responsible for any mishaps, accidents, etc. I promise to ensure the full fees as advertised in the invitation letter are paid, to complete the full duration of the course and to undergo all evaluations conducted.

**Participant Signature: Date:**

**CERTIFICATION / VERIFICATION**

**(by World ParaVolley Member, NPC, or National Volleyball Federation)**

The World ParaVolley Member Nation, NPC or Volleyball Federation supports the above candidate to participate in the World ParaVolley Level 1 Classification course –February 23-26, San Jose, Costa Rica.

|  |  |
| --- | --- |
|  | *Official Seal of the WPV Member, NPC or National VB Federation****Federation Name:*** |
| *(Signature of Official)***Name:** **Function:** **Date:**  |

|  |
| --- |
| **IMPORTANT: Please return the completed registration form by e-mail by Tuesday February 7th, 2017 to:** |
| **Mr. John Neilson, ParaVolley Pan Am Development Director****Mr. Carlomagno Saenz, Course Organizer CRC (FECOVOL)****Mr. Rolando Borges, ParaVolley Pan Am Classification Chair****Ms. Louise Ashcroft, World ParaVolley Medical Director****Mr. Phil Allen, World ParaVolley General Manager****Mr. Denis Le Breuilly, World ParaVolley Sport Director** | **johnneilson109@gmail.com****carlo1566@yahoo.com****rborgesmojaiber@gmail.com****medicaldirector@worldparavolley.org****generalmanager@worldparavolley.org****sportdirector@worldparavolley.org** |