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

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

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| **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** | | | | | | | | |
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| **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.

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

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| **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**](mailto:johnneilson109@gmail.com)  [**carlo1566@yahoo.com**](mailto:carlo1566@yahoo.com)  [**rborgesmojaiber@gmail.com**](mailto:rborgesmojaiber@gmail.com)  [**medicaldirector@worldparavolley.org**](mailto:medicaldirector@worldparavolley.org)  [**generalmanager@worldparavolley.org**](mailto:generalmanager@worldparavolley.org)  [**sportdirector@worldparavolley.org**](mailto:sportdirector@worldparavolley.org) |