

Crossover Form

Player No (other organization) / \_\_\_\_\_

Personal Information, Contact address

First Name / \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth / \_\_\_\_\_ Age/ \_\_\_\_\_ Nationality/ \_\_\_\_\_

Sport Certification Level / \_\_\_\_\_

Passport or ID card No/ \_\_\_\_\_

Address / \_\_\_\_\_

\_\_\_\_\_

Telephone No/ \_\_\_\_\_ Mobile/ \_\_\_\_\_

Fax/ \_\_\_\_\_ Email / \_\_\_\_\_

Information of Sport Organization:

Name of Organization/ \_\_\_\_\_

Address / \_\_\_\_\_

\_\_\_\_\_

Telephone/ \_\_\_\_\_ Fax / \_\_\_\_\_

Email / \_\_\_\_\_

Information of Instructor

Name / \_\_\_\_\_

Instructor No/ \_\_\_\_\_ Telephone/ \_\_\_\_\_

The applicant confirms with his signature that has read and accepts the General Terms and Conditions printer overleaf.

He also agrees to payment by direct debit of any charges incurred.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
signature of approval or Instructor

Date : / /

I.W.S.F.  
International Water Sports Federation