



I, the undersigned

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

Require the one-day card ACSI for the cycling race called

**14^ MARCIALONGA CRAFT**

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Event Date: **29.05.2022**

Organized by

**S.C. MARCIALONGA A.S.D.**

Code **12RM323**

**Health Declaration**

**Competitive Category:** the medical certificate for competitive race is required. The certificate must be issued by a Doctor who declares the suitability for competitive sporting activity for cycling. (D.M. della Sanità del 18/02/1982)  
I declare I declare to be physically fit for competitive sporting activity for cycling and I deliver my medical certificate that is valid until \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of S.C. Marcialonga A.S.D. for receiving the medical certificate

**Non-Competitive Category:** the medical certificate of good health is required. The certificate must be issued by a Doctor who declares the suitability for non-competitive sporting activity. (D.M. della Sanità del 18/02/1982)  
I declare I declare to be physically fit for competitive sporting activity for cycling and I deliver my medical certificate that is valid until \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of S.C. Marcialonga A.S.D. for receiving the medical certificate

**Agree with the information regarding the processing of data**

I consent to the processing of my personal for the purposes necessary for the participation in the race.

\_\_\_\_\_  
Signature

I consent to the processing of my personal data to send promotional messages, newsletters and updates on rates and offers.

\_\_\_\_\_  
Signature



I, the undersigned \_\_\_\_\_

Place and Date of Birth \_\_\_\_\_

Address – Street \_\_\_\_\_ N. \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

declare that

I acknowledge in particular my absolute personal responsibility for ensuring that no prohibited active ingredients enter my body, that no prohibited methods are used, that I am not in possession of prohibited active ingredients, unless I can prove that I do not have a medical exemption in accordance with provisions of the WADA or UCI Code. This also includes the duty of every athlete to be aware of the valid “List of Prohibited Substances and Methods” of WADA.

I can ride as amateur cyclist because I am not a professional cycling:  
I have no contract as professional cycling  
I am not a professional cyclist U23  
I am not a professional Elite cyclist

This self-certification has the same validity as the document it replaces.

Pursuant to Article 76 of Presidential Decree 28 December 2000, n. 445 and aware that anyone who makes false statements, issues false documents or uses them in the cases referred to in this text is punishable according to the Penal Code and special laws and incur, furthermore, in loss of benefits in accordance to Article 75 of the above mentioned Presidential Decree 445/2000.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature for self-certification



Surname and Name

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

Is registered with starting number \_\_\_\_\_ for the cycling race called

**14^ MARCIALONGA CRAFT**

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Event Date: **29.05.2022**

Organized by  
**S.C. MARCIALONGA A.S.D.**

Code **12RM323**

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Signature of S.C. Marcialonga A.S.D. for receiving of the one-day card ACSI request form