

ATHLETES QUESTIONNAIRE

CYCLO-CROSS CAMP 2019

CENTRE MONDIAL DU CYCLISME



WORLD CYCLING CENTRE

UCI Cyclo-cross Training Camp
Aigle (Switzerland)
1st – 6th October

Personal details

Surname (as mentioned in the passport):

First name(s):

Gender: Female Male

Nationality:

Date of birth:

Place of birth:

Home complete address

Street:

Post code:

City:

Province:

Country:

Phone numbers

Home:

Father or mother's mobile:

Mobile:

Email:

Emergency contact: Relationship and Name:

Phone No.:

Passport

Important: please send us a copy of your passport!

Passport nbr:

Date of issue:

Valid until:

Dietary / known allergies

Medical information – CONFIDENTIAL

All information will be treated confidentially. This information is necessary to ensure the athletes health.

Surname:

Frist name:

Name of your doctor:

Email:

Current injuries:

Illness:

Current treatment:

What medicine do you take at the moment:

Past injuries/operations/accidents:

Please note all medical information that would be helpful (for example: medicine allergy):

Sporting details

National Federation:

Team or club:

Discipline:

Federation's technical supervisor or National Coach

Please indicate surname, first name, complete address, phone and email:

Results

2018

International event

Results

Discipline

National event

Results

Discipline

Objectives

2019

2020

Place and date :

Signature :