ATHLETES QUESTIONNAIRE

UCI WCC Cyclo-cross TRAINING camp 10th – 15th October 2023

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 (your passport must be valid for 6 months from your date of travel to Switzerland)**

Passport number:

Date of issue:       Valid until:

**Dietary restrictions / known food allergies**

Medical information – CONFIDENTIAL

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

Surname:       First name:

Name of your doctor:       Email:

Current injures:

Illness:

Current treatment:

What medication, if any, are you taking 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

**2022**

International event Results Discipline

National event Results Discipline

Objectives

**2023**

**2024**

Please write a short paragraph explaining why you would like to participate in the UCI World Cycling Centre Cyclo-cross training camp:

Place and date: Signature: