

CROATIAN POWERLIFTING FEDERATION

Matije Gupca 63

VIROVITICA

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Gsm: 099 258 9361 (Danijel Škopec, President)

# POWERLIFTING KLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**APPLICATION FOR REGISTRATION OF ATHLETE**

|  |  |
| --- | --- |
| For POWERLIFTING club: | **from** |
|  |  |
| Athlete's name, one parent's name, surname: |  |
|  |  |
| OIB (Personal identification number): |  |
|  |  |
| Day, month, and year of birth: |  |
|  |  |
| Place, city or municipality, country of birth: |  |
|  |  |
| Occupation: |  |
|  |  |
| Residence and address: |  |
|  |  |
| Date of joining the club: |  |

**I declare that I accept the Statute and general acts of the club, as well as the Statute and general acts of the Croatian POWERLIFTING Federation.**

**I declare that I am not registered in any other club.**

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the athlete:

(place) (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that my son/daughter registers and competes for the POWERLIFTING club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Consent and signature of the parent is required only for athletes under 18 years old).

Signature of the parent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the athlete has personally filled in the data in the Registration Application and has personally signed it. For athletes under 18 years old, the application was co-signed by the legal guardian.

Authorized person of the club:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment::

1. Copy of the athlete's citizenship certificate
2. Two photos (smaller size)