**ANNEX 1**

**INITIAL ENTRY FORM (Before May 03th 2021)**

We will participate in the “11th CMAS World Freediving Indoor Championship 2021” inBELGRADE (SERBIA).

**Initial Entry Form:**  
Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [wcapnbelgrade2020@gmail.com](mailto:wcapnbelgrade2020@gmail.com)

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Federation: | | |
| Total number of Competitiors: | male: | female: |
| Total number of Officials: | male: | female: |
| Total number of Delegates: | male: | female: |

**Declaration Form:**

Release from liability: I hereby declare that I exonerate of liability however so arising, the CMAS, its affiliates, the event Organizing Committee and staff, the venue owners, sponsors, and any other persons that participate at the event, in respect to all and every action or claim about accidents that may occur.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to publication of Imagery:**

I grant the Organizing Committee the permission for my imagery, full name, nationality and voice to be recorded during the competition.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Antidoping:**

I, undersigned as responsible that all the athletes of the teams acknowledge WADA Anti-Doping Rules and CMAS Anti-Doping Rules.

Athletes consent and agree to comply with the conditions of the WADA Anti-Doping Code, the CMAS Anti-Doping Rules.

**Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance:**

I hereby declare that the participants to this competition have a valid health insurance for the duration of the competition which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during my stay during the dates of competition.

I am aware that the organizing committee is not liable (financially or in any other way) for any injuries that occurred during the present competition.

**Please check CMAS Procedures, Freediving rules for participation in CMAS Championship.**

|  |  |  |
| --- | --- | --- |
|  | Date | |
| (President Signature / stamp) |  | (Full name in block letters) |
|  |  |  |

**ANNEX 2**

**WC HOTEL BOOKING FORM (Before May 3rd 2021)**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [wcapnbelgrade2020@gmail.com](mailto:wcapnbelgrade2020@gmail.com)

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Federation: | | |
| Telephone: | Fax: | e-mail: |

|  |  |  |  |
| --- | --- | --- | --- |
| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

**Extra Nights:** If you need extra nights, please fill in the following.

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| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

**ANNEX 3**

**CONFIRMATION OF PAYMENT (Before May 17th 2021)**

We will participate in the “11th CMAS World Freediving Indoor Championship 2021” in BELGRADE (SERBIA).

**Initial Entry Form:**  
Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [wcapnbelgrade2020@gmail.com](mailto:wcapnbelgrade2020@gmail.com)

|  |  |  |
| --- | --- | --- |
| Country : | | |
| Federation : | | |
| Phone : | Fax : | Email : |

We confirm that the payment \_\_\_\_\_\_\_euro from account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

date of payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Is our contribution for participation in “11th CMAS World Freediving Indoor Championship 2021” in BELGRADE (SERBIA).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2021

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

(President Signature/ stamp)

Federation:

**ANNEX 4**

**WC COMPETITORS LIST FORM (Before May 17th 2021)**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [wcapnbelgrade2020@gmail.com](mailto:wcapnbelgrade2020@gmail.com)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country: | |  | | | | | | | | |
| Federation | |  | | | | | | | | |
| Competitors | | Men | |  | Women | | |  | | |
| Officials | | Men | |  | Women | | |  | | |
| n. | NAME | | FIRST NAME | | | Athlete, Trainer, Delegation Chief, Doctor, Judge, Other | Male | | Female | Single room |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| ARRIVAL | Date: |  | | Time | |  | |
| Airport |  | | | Flight No. | |  | |
| DEPARTURE | Date: |  | | Time | |  | |
| Airport |  | | | Flight No. | |  | |
|  | | Date | | | |
| (President Signature / stamp) | |  | | (Full name in block letters) | |
|  | |  | |  | |

**ANNEX 5**

**FINAL HOTEL BOOKING FORM (Before June 5rd 2021)**

Please complete this form and send to CMAS HQ and Organizing Committee by e-mail: [wcapnbelgrade2020@gmail.com](mailto:wcapnbelgrade2020@gmail.com)

|  |  |  |
| --- | --- | --- |
| Country: | | |
| Federation: | | |
| Telephone: | Fax: | e-mail: |

|  |  |  |  |
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| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

**Extra Nights:** If you need extra nights, please fill in the following.

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| Please complete: | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |
|  | Number of Rooms | Date | |
|  | From | To |
| Single |  |  |  |
| Double / Triple |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNEX 6**  **LIST OF DELEGATION FOR VISA APPLICATION (Before May 17th 2021)** | | | | | | | | |
| № | Name, Surname | Position (Athlete, coach etc) | Citizenship | Date of birth | City of Serbian consulate issuing visa | City of entry Serbia | Date of entry Serbia | Date of departure |
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