



## REGISTRATION OF AN MINOR NOT LICENSED FFCO TO A COMPETITION

### ATTESTATION

We undersign

Surname, first name \_\_\_\_\_

Surname, first name \_\_\_\_\_

exercising parental authority over a minor athlete \_\_\_\_\_

certifies to the French Federation of Orienteering to have filled in jointly with him the questionnaire relating to his state of health and that each of the sections of the questionnaire has given rise to a negative answer.

Otherwise, produce a medical certificate attesting the absence of contraindication to the practice of the sport or orienteering in competition dating less than 6 months.

Date

Signature



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