

Founded on 7th July 1983 in Antibes/France

DEADLINE: 03.15.2024

Form 2 Athletes Registration

13th European Deaf Handball Championships 4 May to 11 May 2024 in Frankenthal, Germany

Nation:	
Men:	

	FAMILY NAME	First Name	Date of Birth (DD MM YYYY)	ICSD ID #
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28 29 30		

OFFICIALS

#	FAMILY NAME	Given Name	Date of Birth	Gender ¹	Role ²
А					
В					
С					
D					
I					
I					
Μ					

Gender ¹: **M** = Man/Male

Role²:

- 1. Head Coach
- 2. Assistant Coach
- 3. Leader/Director/Manager
- 4. Interpreter
- 5. Medical (doctor, trainer, masseuse, first aid worker, physiotherapist)

For Technical Meeting our delegates will attend are:

	FAMILY NAME	First Name	Position	
1.				Deaf
2.				Deaf/Hearing



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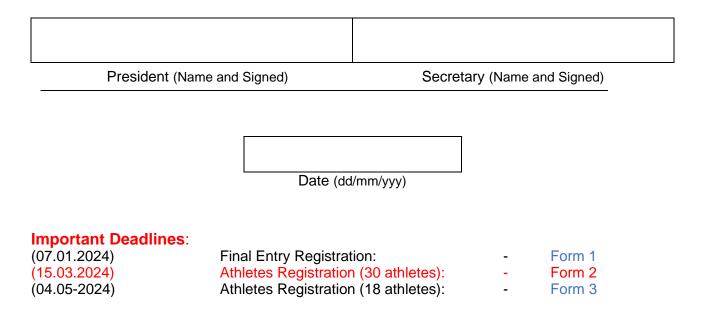
DECLARATION

On behalf of our athletes and officials we declare that we have read and will comply with the regulations for the EDSO Competitions and the information provided by us in this form is accurate to our knowledge.

We confirm that all our athletes named herein are deaf, citizens of our country, and registered under the appropriate gender. All our athletes and officials have a current valid passport issued by our country.

We understand that a fine of **EURO 1000** will be levied on any entries withdrawn after the closing date for final entries on **03.15.2024** with the exception of those with a valid doctor's declaration that the athlete should not be allowed to start.

We hereby confirm that we have read and understood the EDSO General Sports and Technical Regulations.



This **Athletes Registration Form** must be sent by email to: EDSO Handball Technical Director - (Jonny Gustavsson) handball@edso.eu Cc to EDSO Representative - (Nobert Hensen) hensen@edso.eu