**FORM C – Athlete Registration**

Please check if this person is an Alternate (Substitute/Reserve)

(**Please print in ink using block letters or type)**

(*If you are not using digital photos, attach 2 passport size photos)*

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| Delegation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SO Region | | | | |
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| Name: Last/Family | | | | | | | | | | | |  | First | | | | | | | | | | | | | Middle Initial | | | | | Gender: M/F | | | | |
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| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | |  | State/Province | | | | | | | | | | | | | |  | Country | | | | | | |
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| Date of Birth: dd-mm-yyyy | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nationality | | | | | | | | | | | | | | |  |  | Place of Birth | | | | | | | | | | | | | | |  |  |  |  |
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| Passport Number | | | | | | | | | | | | | | |  |  | Passport Expiration Date: dd-mm-yyyy | | | | | | | | | | | | | | |  |  |  |  |

Wheelchair: □ Yes □ No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Allergies: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dietary Restrictions: (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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