**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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