



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