**ANNEXE 1**

**INITIAL ENTRIES FROM (Before April 28th 2025)**

Please complete this form and send it to CMAS HQ and Organizing Committee by e-mail: **infowccoralsprings@gmail.com**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Federation / Club** |  | **NOC Code** |  |
| **Contact Person**  |  | **Phone No.** |  |
| **Function** |  | **Mobile No.**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Officials** | **Males**  |  | **Females** |  |
| **Athletes Seniors** | **Males** |  | **Females** |  |
| **Athletes Juniors** | **Males** |  | **Females** |  |
| **Judge** | **Males** |  | **Females** |  |

**Declaration Form:** By registering my federation in this 2025 CMAS World Cup Finswimming Indoor, Coral Springs – USA, I undertake to respect the statutes, regulations, and directives of the CMAS.

 **Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance:** I hereby declare that all the delegation members have valid health insurance for the duration of the stay, which covers the full extent of the consequences of accidents and reimbursement for the costs of treatment and rehabilitation following the accident that may occur during the stay.

 **Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent to the publication of imagery:** I grant the Organizing Committee permission for my imagery, full name, nationality, and voice to be recorded during the competition. All team members (or legal representatives) signed the relevant authorization form.

 **Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Antidoping:** I, the undersigned, am responsible for all the delegation members acknowledging *WADA Antidoping Rules* and *CMAS Antidoping Rules*.

* As a voluntary and mandatory commitment, the athletes must obtain the certificate ADEL (insert link of ADEL) before receiving the CMAS licenses according to the relevant point in the CMAS Procedures and Obligations.
* The expenses regarding the controls in competition belong to the organizers. In case of eventual supplementary analysis requested by WADA related to the bio-physiology of an athlete as ex ABP (athlete biological passport), the expenses belong to her/ his national federation.

 **Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check CMAS Procedures and Finswimming rules for participation in 2025 CMAS XIX World Cup Fiswimming Indoor - Series.

|  |  |
| --- | --- |
| The President | Date |
| (Full name in block letters) |  |
| President Signature/stamp) |  |