**OFFICIAL ENTRY FORM**

**EMRYT 2023**

**TYPEWRITING ONLY IS ACCEPTED (no handwriting) FILL IN ALL FIELDS – MANDATORY**

We the undersigned:

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**SURNAME & NAME FUNCTION**

Legal Representative of the Federation:

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|  |

**NAME OF FEDERATION**

And the Legal Representative of the Club:

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|  |  |

**SURNAME & NAME FUNCTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CLUB:** | |  | |
| **CONTACT PERSON** (Mr/Ms, surname, name)**:** | |  | |
| **ADDRESS VALID ALSO FOR INVOICING** (Street, Nr)**:** | |  | |
| **ZIP CODE** |  | **CITY** |  |
| **TEL** |  | **TYPE OF TRANSPORTATION** |  |
| **EMAIL CONTACTS** (valid for all correspondence – max 2): | |  | |

Officially and jointly enter said eligible Club Team for the following Cup:

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| **NAME OF THE CUP** (see list): |  |

We have noticed that according to article 04.01 and 04.02.01 of the Competitions Regulations of the WBSCE Softball this Entry Form, duly filled in and signed, has to be received by the WBSCE Softball before **MAY 15th2023.**

We certify having made ourselves acquainted with the Statutes and Regulations of the WBSC Europe.

We certify having made ourselves acquainted with the provisions of article 14.05 of the Competitions Regulations of the WBSCE Softball relating to general Affidavit and Affidavit for Underage Players and especially with:

* Each Player is in compliance with WBSCE Softball Competitions Regulations regarding age and nationality.
* Each Member of our Team is covered by an existing insurance policy for participation for the entirety of this Competition in accordance with the requirements of the WBSCE Softball and our National Federation, and this coverage includes third party injury, damage to property, civil responsibility, personal injuries, medical treatment and, if required, the specific protection of minor players. A copy of such policy shall be provided to the WBSCE Secretary General upon request.
* Each Player conforms to the Rules of our National Federation with respect to qualification and participation in this Competition.
* Each Player is medically able to participate in this Competition. Any condition has been duly notified to the Team’s Management, which shall keep the WBSCE Softball Chief Technical Commissioner fully informed of any such matter.
* We assume full and complete responsibility for any matter arising directly or indirectly from any misrepresentation of any fact in this document and agree to hold the WBSCE Softball, the WBSCE Softball Chief Technical Commissioner and any other party involved with the Competition harmless in connection with any matter arising from this document.

By our Seals and Signatures, we declare to adhere to, and act according to, the Statutes and Regulations of the WBSCE Softball.

**Date**:

Signature of the Legal Representative of the Club and seal of the Club

Signature of the Legal Representative of the Federation and seal of the Federation

**ENTRY FORM TO BE RECEIVED BY WBSC EUROPE BEFORE**

**MAY 15, 2023 AT THE LATEST  
EMAIL :** [**secompetitions@wbsceurope.org**](mailto:secompetitions@wbsceurope.org)**.**