MODELO 1

CERTIFICATE of their FEDERATION

D._____, as President/Secretary of the territorial Federation of _____

CERTIFY

That the swimmers who will participate in XX CIRCUITO OPEN COMUNIDAD DE MADRID whose license in the discipline of SWIMMING has been processed by the club _____ have insurance with the insurance company_____. Likewise, it certifies having the license corresponding to the current season.

SURNAMES	NAME	ID	MALE	FEMALE	YEAR BIRTH

SIGNATURE-

_____, _____ de _____ de 2024