MODELO 1

CERTIFICATE of their FEDERATION

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

CERTIFY

That the divers who will participate in X MADRID OPEN DIVING & HIGH DIVING AGE GROUP 2026, whose license in the discipline of DIVING has been processed by the club _____ have insurance with the insurance company _____

_____

A copy of the insurance policy is attached.

NAME	SURNAMES	MALE	FEMALE	YEAR BIRTH

SIGNATURE-

_____, _____ de _____ de 202