



# SELF CERTIFICATION OF GOOD HEALTH FOR NON AGONISTIC PHISYCAL ACTIVITY

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## GYMS AND SPORT FIELDS EDISU PIEMONTE

The undersigned .....

Born in ..... in date .....

Residing in ..... province .....Postal code.....

in street/square .....

E-MAIL ADDRESS .....

### DECLARE

UNDER HIS/HER OWN RESPONSIBILITY TO BE IN GOOD HEALTH IN ORDER TO CARRY  
OUT NON AGONISTIC PHISYCAL ACTIVITY.

Declare also that what is stated above is true and relieve EDISU Piemonte from responsibilities deriving from known health problems, that are not declared in this form.

Date ..... Signature .....

### IDENTIFICATION OF THE INSURED FOR INJURIES IN EDISU PIEMONTE'S GYMS AND SPORT FIELDS.

The student .....

Born in ..... in date .....

Residing in ..... province .....

in street/square .....

**Identification number** .....

Benefits of the insurance coverage from h 24.00 of the day \_\_\_\_\_

The supervisor

\_\_\_\_\_