



Beach Volleyball Health Certificate Form



THE PLAYER YOU ARE EXAMINING WILL PLAY UNDER DEMANDING AND STRESSFUL CONDITIONS INCLUDING HEAT, HIGH HUMIDITY, EXPOSURE TO INTENSE SUNLIGHT AND HIGH PHYSICAL EXERTION, WHICH CAN LAST UP TO 3 HOURS.

THIS FORM MUST BE HANDED OVER DURING THE PRELIMINARY TEAM INQUIRY

PLAYER LAST NAME:	FIRST NAME:
BIRTH DATE:	NOC:

HEREWITH I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE AND AFTER PROFESSIONAL MEDICAL EXAMINATION OF THE PLAYER HEREIN MENTIONED, HE/SHE IS IN GOOD HEALTH, ABLE TO TRAVEL BY ANY MEANS OF TRANSPORTATION AND PLAY IN VOLLEYBALL COMPETITIONS.

I, AS A PARTICIPANT IN AN FIVB EVENT, HEREBY ACKNOWLEDGE AND AGREE AS FOLLOWS:

1. I have had an opportunity to review the FIVB Medical & anti-doping Regulations, including the Anti-Doping Rules.
2. I consent and agree to comply with and be bound by all of the provisions of the FIVB Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
3. I consent and agree to the creation of my profile in WADA Doping Control Clearing House (ADAMS), as requested under WADA Code to which the FIVB, as an IF, is a signatory, and/or any other authorized National Anti-Doping Organisations (NADOs) similar system under the FIVB's agreement for the sharing of information, and to the entry on my doping controls, Whereabouts and Therapeutic Use Exemptions related data in this system.
4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIVB Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIVB Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIVB Anti-Doping Rules to the Court of Arbitration for Sport ("CAS") as an appellate body for final and binding arbitration.
5. I acknowledge and agree that the decisions of CAS shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I have read and understood this Acknowledgement and Agreement.

PLAYER'S SIGNATURE	DOCTOR'S NAME
SIGNATURE:	LAST NAME:
	FIRST NAME:
	SIGNATURE:

MEDICAL EXAMINATION DATE:	PLACE:	DD	MM	YYYY
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