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| **FEDERAZIONE ITALIANA PALLA TAMBURELLO**  **COMITATO PROVINCIALE DI TRENTO**   |  | | --- | | **ELENCO GIOCATORI E DIRIGENTI AUTORIZZATI IN CAMPO** |   **SQUADRA:**   |  |  | | --- | --- | | Specialità**:** | Campionato: | | Squadra Ospitante: | Squadra Ospite: | | Data ed orario: | Campo: |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | **Nome** | **Cognome** |  | **Tessera n°** | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | **Dirigenti ed Accompagnatori** | | | | | **Tessera n°** | | Direttore tecnico**:** | | | | |  | | Dirigente Accompagnatore**:** | | | | |  | | 603Add. Cambio tamb. Ovale: | | | | |  | | Guardalinee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | Personale Medico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |   Il sottoscritto Dirigente responsabile dichiara che gli atleti sopra elencati sono in possesso di regolare tesseramento FIPT e  con certificato medico valido    FIRMA DEL DIRINGENTE REPSONSABILE  **Da compilare da parte della sola squadra ospitante**  Autocertificazione dell’addetto all’utilizzo del **defibrillatori** (art. 45 e 46 del DPR 28 dicembre n. 455)  Il/la sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cod. fisc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nato/a il \_\_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residente a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consapevole delle sanzioni penali nel caso di dichiarazioni mendaci, di informazione o uso di atti falsi dichiara sotto la propria responsabilità di essere persona formata all’utilizzo del DAE (Tessera n. \_\_\_\_\_\_) e di essere in possesso dei requisiti previsti dalle normative vigenti in materia di defibrillatori e loro utilizzo.    Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **FEDERAZIONE ITALIANA PALLA TAMBURELLO**  **COMITATO PROVINCIALE DI TRENTO**   |  | | --- | | **ELENCO GIOCATORI E DIRIGENTI AUTORIZZATI IN CAMPO** |   **SQUADRA:**   |  |  | | --- | --- | | Specialità**:** | Campionato: | | Squadra Ospitante: | Squadra Ospite: | | Data ed orario: | Campo: |      |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | **Nome** | **Cognome** |  | **Tessera n°** | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | **Dirigenti ed Accompagnatori** | | | | | **Tessera n°** | | Direttore tecnico**:** | | | | |  | | Dirigente Accompagnatore: | | | | |  | | Add. Cambio tamb. Ovale: | | | | |  | | Guardalinee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | Personale Medico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |   Il sottoscritto Dirigente responsabile dichiara che gli atleti sopra elencati sono in possesso di regolare tesseramento FIPT e  con certificato medico valido    FIRMA DEL DIRINGENTE REPSONSABILE  **Da compilare da parte della sola squadra ospitante**  Autocertificazione dell’addetto all’utilizzo del **defibrillatori** (art. 45 e 46 del DPR 28 dicembre n. 455)  Il/la sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cod. fisc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nato/a il \_\_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residente a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consapevole delle sanzioni penali nel caso di dichiarazioni mendaci, di informazione o uso di atti falsi dichiara sotto la propria responsabilità di essere persona formata all’utilizzo del DAE (Tessera n. \_\_\_\_\_\_) e di essere in possesso dei requisiti previsti dalle normative vigenti in materia di defibrillatori e loro utilizzo.    Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |