

BV-06

CEV BEACH VOLLEYBALL ACCREDITATION OF MEDICAL STAFF



The National Federation of _____ requests accreditation for the following person:

LAST NAME		FIRST NAME	
DATE OF BIRTH		NATIONALITY	
EMAIL			

as **doctor** **physiotherapist** of the following team:

Shirt #	FIVB #	Last name	First name
1			
2			

According to the CEV Beach Volleyball Competitions Regulations, **the team medical staff requires the additional CEV Medical Authorisation in order to assist the athletes on court.**

The authorisation is requested for the following competition(s):

DATE	EVENT CATEGORY	VENUE / COUNTRY
	European Championship	
	U____ European Championship	
	CEV Continental Cup, _____	

Name of the President and/or Secretary General (printed)	<p>Seal of the National Federation</p>
Signature of the President and/or Secretary General	
Date and Venue	

This form must be sent directly to the organiser **together with** the received medical authorisation by CEV/FIVB within the timeline indicated for the respective competition

Important:

Such medical authorisation shall be requested by e-mail to medicalauthorisation@cev.lu no later than 1 month before the relevant competition, and comply with article 36.2 of the respective [regulations](#).

The request is subject to confirmation by the CEV and entitles the person concerned to use the services and access the areas explicitly provided for medical care.