SNOW VOLLEY

INDICAZIONI PER L'ISCRIZIONE AI TORNEI INTERNAZIONALI CEV

CEV

SNOW VOLLEYBALL

Questo documento è dedicato al seguente Torneo:

- CEV Snow Volleyball European Tour

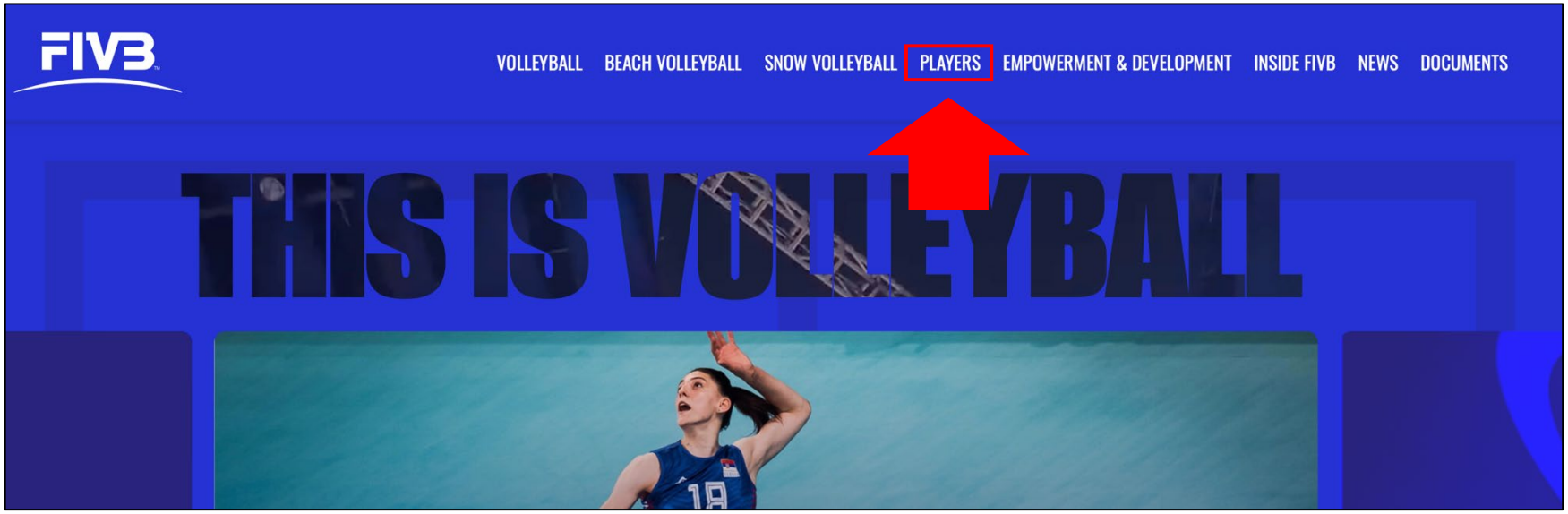
Indice

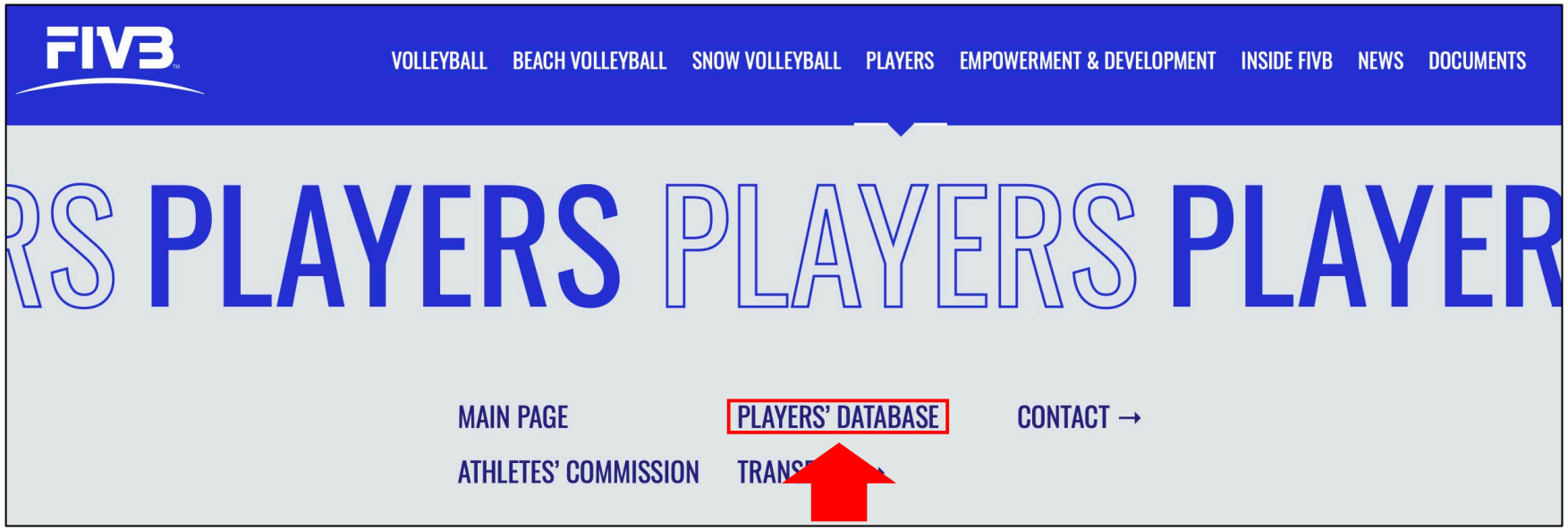
Requisiti

	Requisiti	Validità
•	Regolarmente tesserato alla FIPAV	Dal 1° luglio al 30 giugno
•	Possesso del Certificato Medico per l'attività agonistica in corso di validità	
•	Possesso dell'ID FIVB	Non c'è la scadenza
•	SV-01 Player's Commitment	Fino al 31 dicembre di ogni anno
•	M-03 Player's Health Certificate	Fino al 31 dicembre di ogni anno
•	FIVB Anti-Doping – We play it Clean!	Fino al 31 dicembre dell'anno olimpico
•	FIVB Prevention of Competition Manipulation	Fino al 31 dicembre dell'anno olimpico

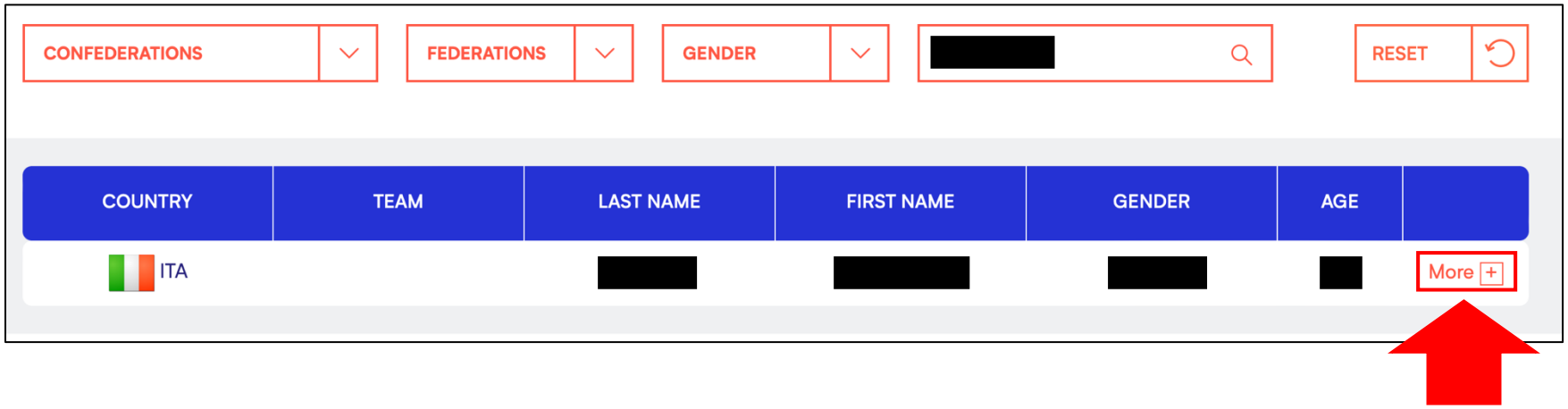
ID FIVB

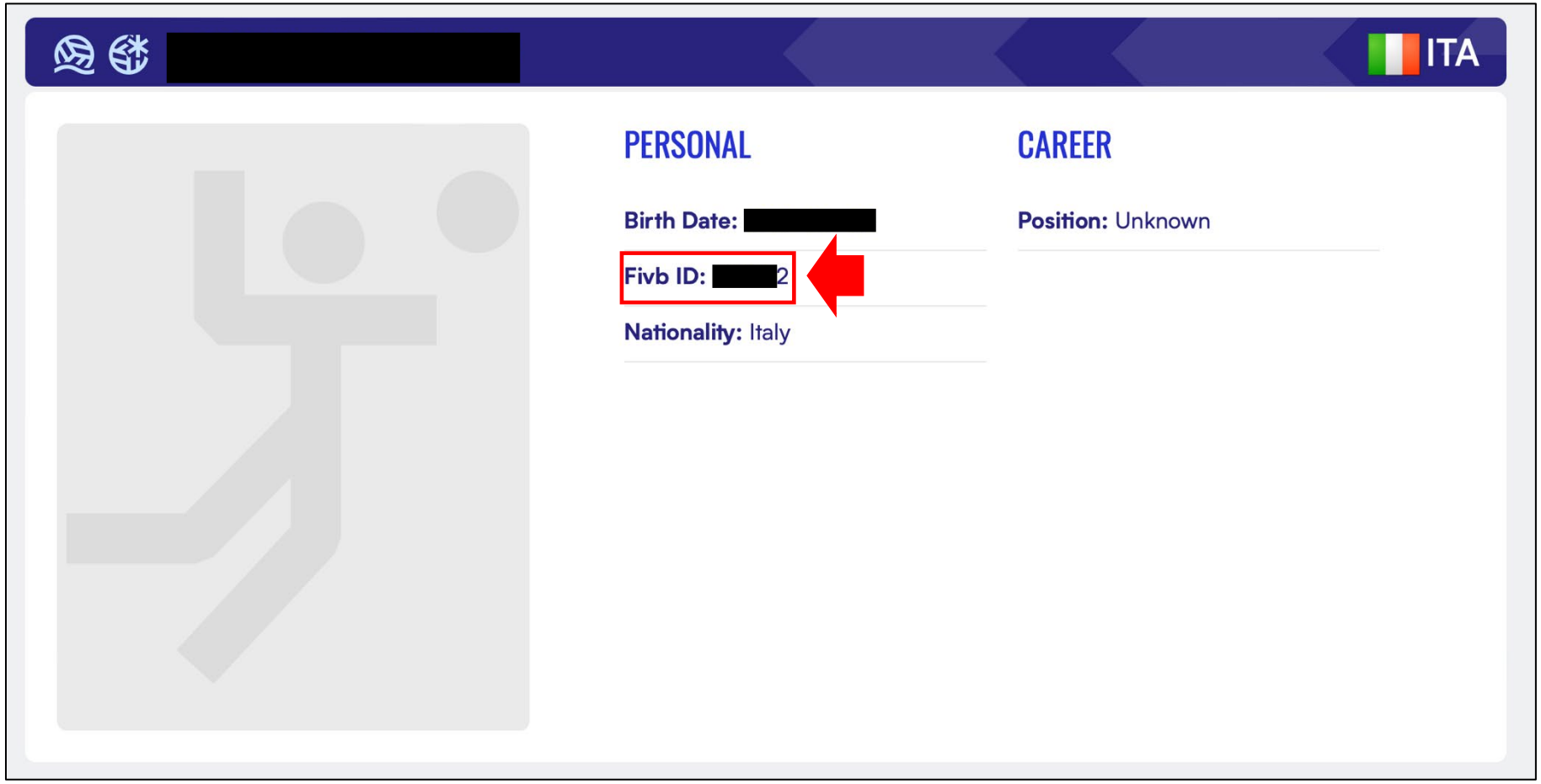
È possibile controllare il proprio ID FIVB tramite il sito della FIVB






FILTER BY...
Inserire il proprio nome e cognome
VOLLEYBALL
BEACH VOLLEYBALL
SNOW VOLLEYBALL
CONFEDERATIONS
FEDERATIONS
GENDER
SEARCH NAME


CONFEDERATIONS
FEDERATIONS
GENDER
RESET
COUNTRY
TEAM
LAST NAME
FIRST NAME
GENDER
AGE
ITA
More


[redacted]
ITA
PERSONAL
Birth Date: [redacted]
Fivb ID: [redacted]2
Nationality: Italy
CAREER
Position: Unknown

Qualora non lo si avesse, è possibile chiederlo al settore Snow Volley della FIPAV l'ID FIVB tramite il relativo modulo (SVF-06) scaricabile dal sito federale

: Campi obbligatori

SVF-06

Modulo di richiesta ID FIVB/Account FIVB
-Atleta-

Il modulo è modificabile
Si chiede di modificare direttamente il PDF

Nome	Cognome	Codice Fiscale
Indirizzo mail	**Genere**	**Cittadinanza**
Data di nascita	**Luogo di nascita**	**Stato di nascita**
/ /		
Residenza		
Residente a	( ) in Via	CAP

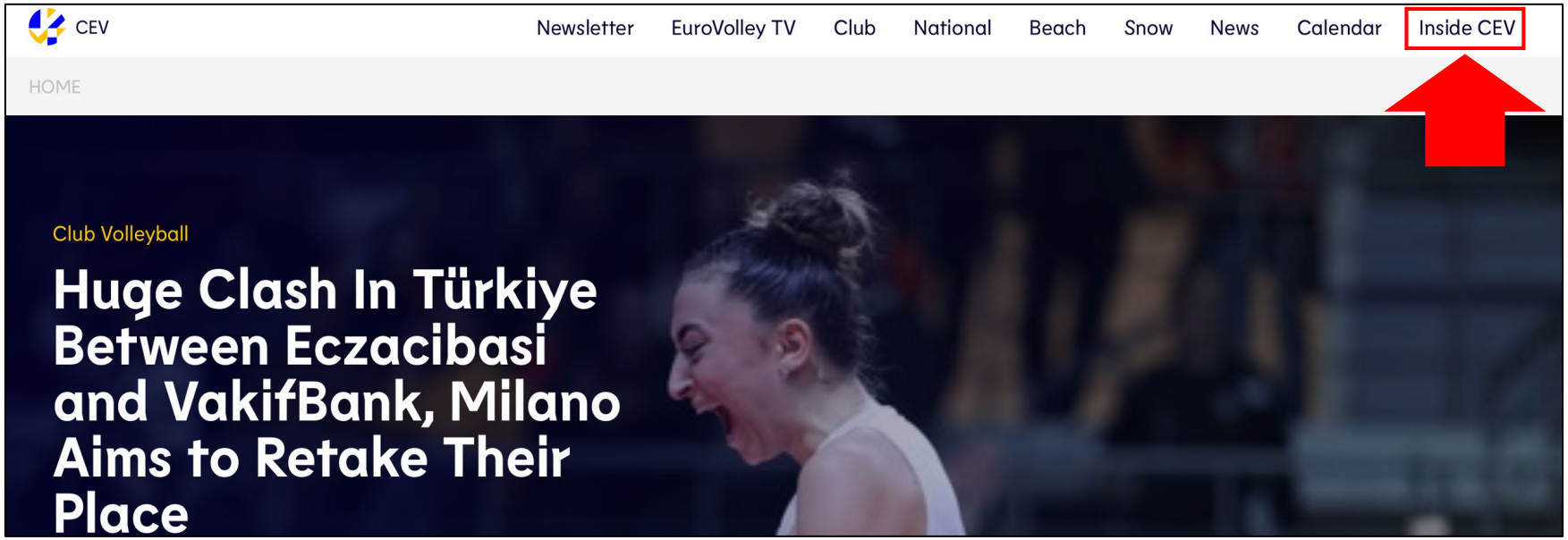
Questo modulo deve essere compilato ed inviato insieme a **una copia fronte retro del documento di identità valido (preferibilmente il passaporto)** al settore Snow Volley all'indirizzo di posta elettronica snow@federvolley.it

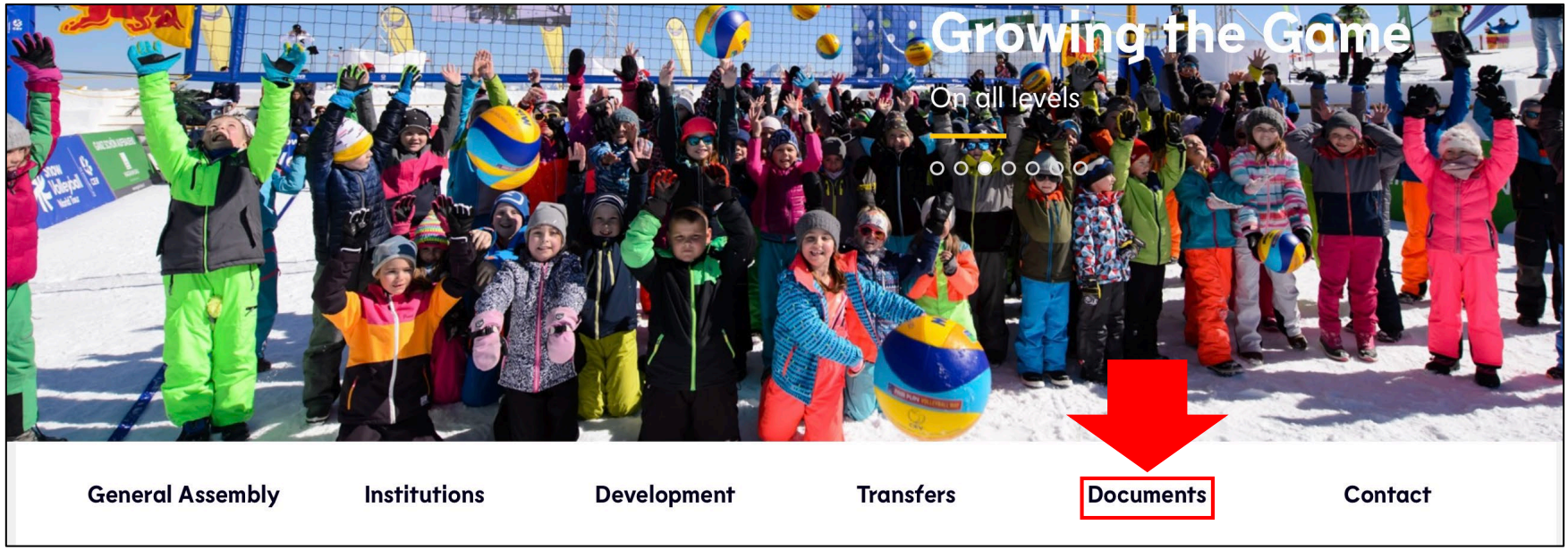
FEDERAZIONE ITALIANA PALLAVOLO
Via Vitorchiano, 81/87
00189 – Roma
+39 06.3334.9480/9482
www.federvolley.it
snow@federvolley.it

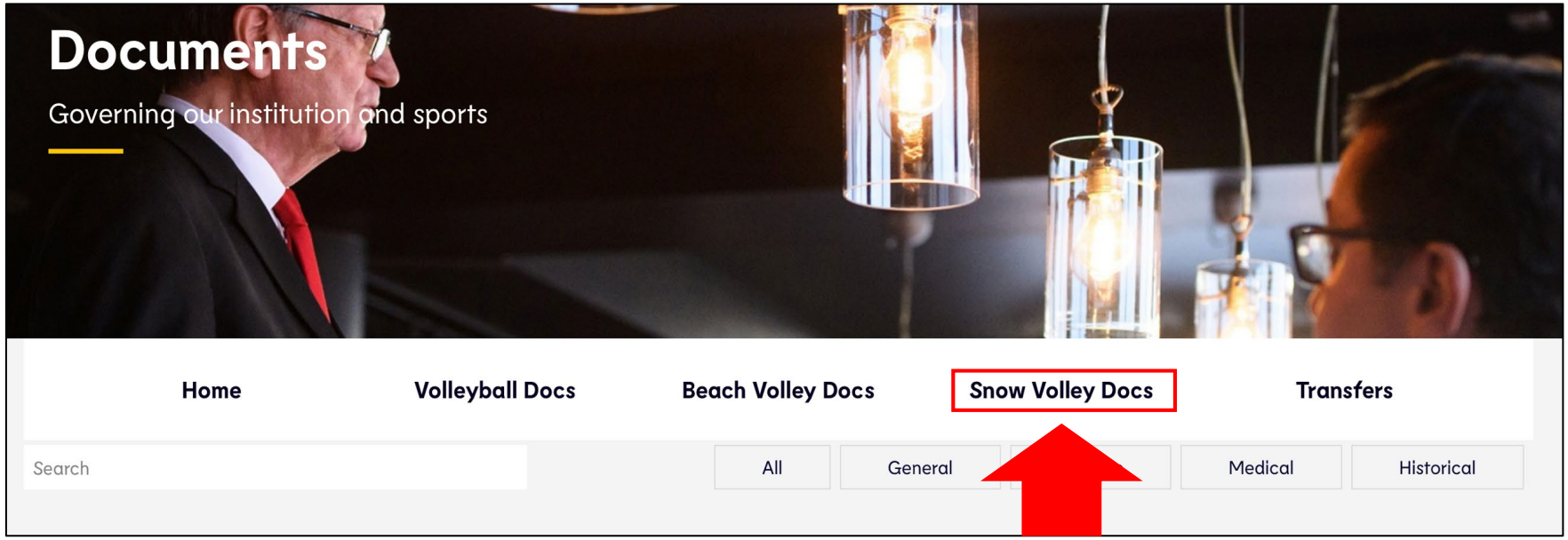
SNOW VOLLEYBALL

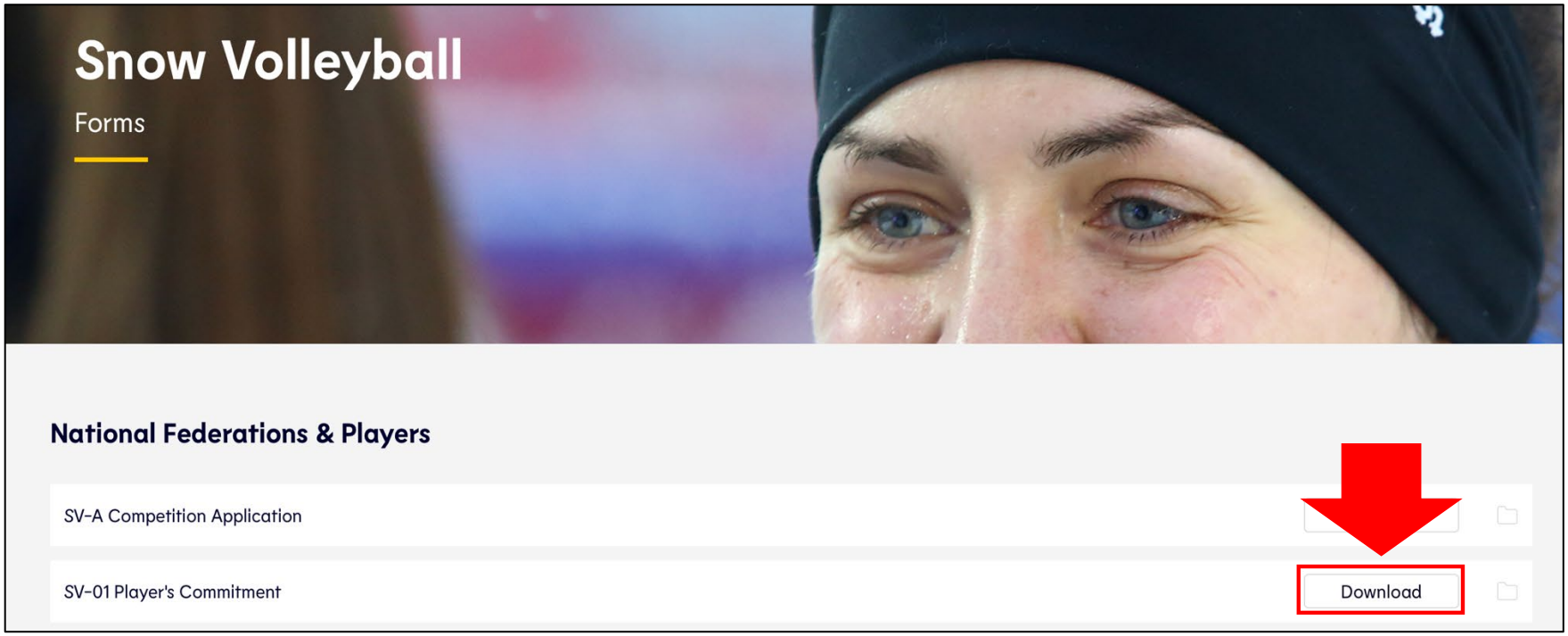
SV-01 Player’s Commitment

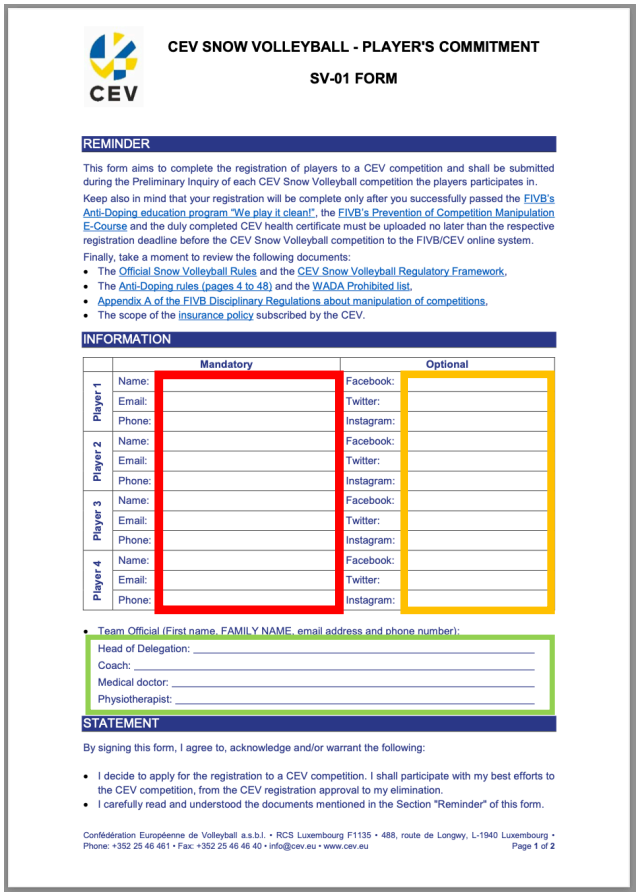
È possibile scaricare il documento dal sito della CEV






Documents
Governing our institution and sports
Home
Volleyball Docs
Beach Volley Docs
Snow Volley Docs
Transfers
Search
All
General
Medical
Historical


Snow Volleyball
Forms
National Federations & Players
SV-A Competition Application
SV-01 Player's Commitment
Download



CEV SNOW VOLLEYBALL - PLAYER'S COMMITMENT

SV-01 FORM

REMINDER

This form aims to complete the registration of players to a CEV competition and shall be submitted during the Preliminary Inquiry of each CEV Snow Volleyball competition the players participates in.

Keep also in mind that your registration will be complete only after you successfully passed the FIVB's Anti-Doping education program "We play it clean!", the FIVB's Prevention of Competition Manipulation E-Course and the duly completed CEV health certificate must be uploaded no later than the respective registration deadline before the CEV Snow Volleyball competition to the FIVB/CEV online system.

Finally, take a moment to review the following documents:

- The Official Snow Volleyball Rules and the CEV Snow Volleyball Regulatory Framework,
- The Anti-Doping rules (pages 4 to 48) and the WADA Prohibited list,
- Appendix A of the FIVB Disciplinary Regulations about manipulation of competitions,
- The scope of the insurance policy subscribed by the CEV.

INFORMATION

		Mandatory	Optional	
Player 1	Name:		Facebook:	
	Email:		Twitter:	
	Phone:		Instagram:	
Player 2	Name:		Facebook:	
	Email:		Twitter:	
	Phone:		Instagram:	
Player 3	Name:		Facebook:	
	Email:		Twitter:	
	Phone:		Instagram:	
Player 4	Name:		Facebook:	
	Email:		Twitter:	
	Phone:		Instagram:	

- Team Official (First name, FAMILY NAME, email address and phone number):

Head of Delegation: _____

Coach: _____

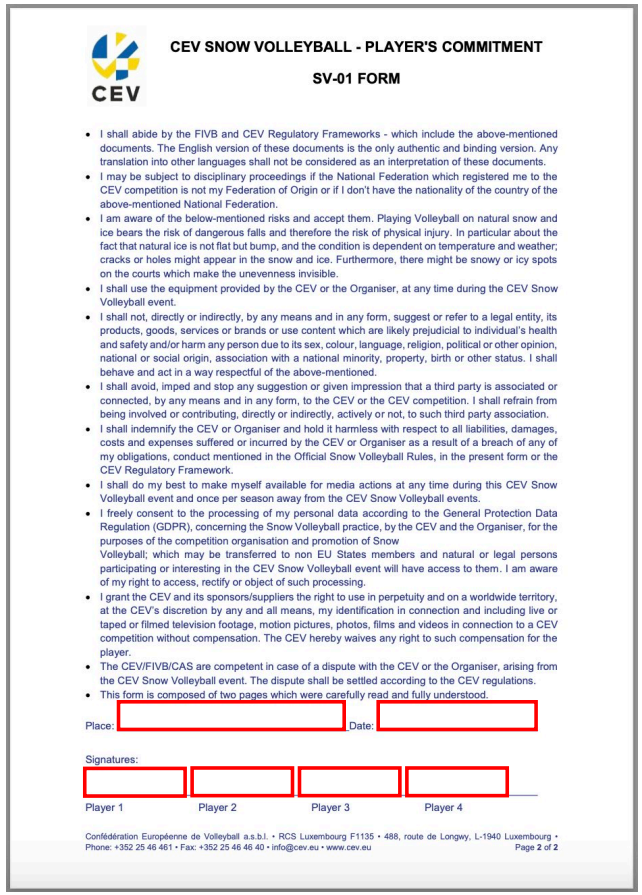
Medical doctor: _____

Physiotherapist: _____

STATEMENT

By signing this form, I agree to, acknowledge and/or warrant the following:

- I decide to apply for the registration to a CEV competition. I shall participate with my best efforts to the CEV competition, from the CEV registration approval to my elimination.
- I carefully read and understood the documents mentioned in the Section "Reminder" of this form.



CEV SNOW VOLLEYBALL - PLAYER'S COMMITMENT

SV-01 FORM

- I shall abide by the FIVB and CEV Regulatory Frameworks - which include the above-mentioned documents. The English version of these documents is the only authentic and binding version. Any translation into other languages shall not be considered as an interpretation of these documents.
- I may be subject to disciplinary proceedings if the National Federation which registered me to the CEV competition is not my Federation of Origin or if I don't have the nationality of the country of the above-mentioned National Federation.
- I am aware of the below-mentioned risks and accept them. Playing Volleyball on natural snow and ice bears the risk of dangerous falls and therefore the risk of physical injury. In particular about the fact that natural ice is not flat but bump, and the condition is dependent on temperature and weather; cracks or holes might appear in the snow and ice. Furthermore, there might be snowy or icy spots on the courts which make the unevenness invisible.
- I shall use the equipment provided by the CEV or the Organiser, at any time during the CEV Snow Volleyball event.
- I shall not, directly or indirectly, by any means and in any form, suggest or refer to a legal entity, its products, goods, services or brands or use content which are likely prejudicial to individual's health and safety and/or harm any person due to its sex, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. I shall behave and act in a way respectful of the above-mentioned.
- I shall avoid, imped and stop any suggestion or given impression that a third party is associated or connected, by any means and in any form, to the CEV or the CEV competition. I shall refrain from being involved or contributing, directly or indirectly, actively or not, to such third party association.
- I shall indemnify the CEV or Organiser and hold it harmless with respect to all liabilities, damages, costs and expenses suffered or incurred by the CEV or Organiser as a result of a breach of any of my obligations, conduct mentioned in the Official Snow Volleyball Rules, in the present form or the CEV Regulatory Framework.
- I shall do my best to make myself available for media actions at any time during this CEV Snow Volleyball event and once per season away from the CEV Snow Volleyball events.
- I freely consent to the processing of my personal data according to the General Protection Data Regulation (GDPR), concerning the Snow Volleyball practice, by the CEV and the Organiser, for the purposes of the competition organisation and promotion of Snow Volleyball; which may be transferred to non EU States members and natural or legal persons participating or interesting in the CEV Snow Volleyball event will have access to them. I am aware of my right to access, rectify or object of such processing.
- I grant the CEV and its sponsors/suppliers the right to use in perpetuity and on a worldwide territory, at the CEV's discretion by any and all means, my identification in connection and including live or taped or filmed television footage, motion pictures, photos, films and videos in connection to a CEV competition without compensation. The CEV hereby waives any right to such compensation for the player.
- The CEV/FIVB/CAS are competent in case of a dispute with the CEV or the Organiser, arising from the CEV Snow Volleyball event. The dispute shall be settled according to the CEV regulations.
- This form is composed of two pages which were carefully read and fully understood.

Place: _____ Date: _____

Signatures:

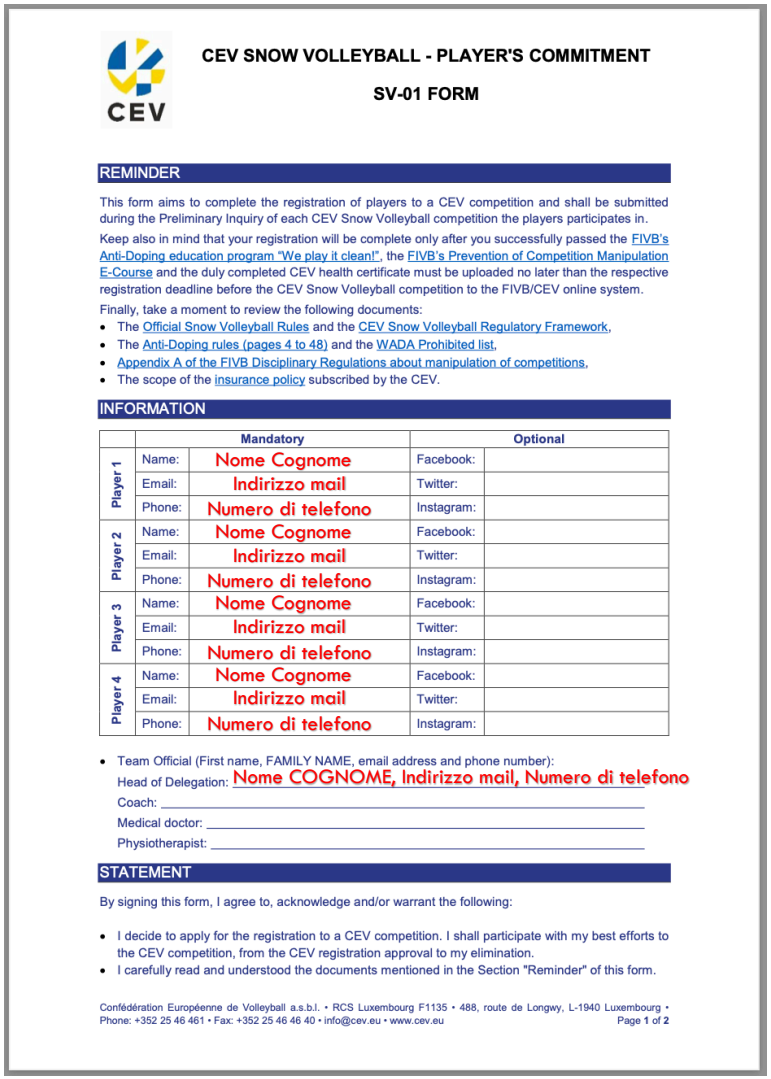
Player 1 Player 2 Player 3 Player 4

: Campi obbligatori

: Campi facoltativi

: Qualora le figure fossero

Esempio



CEV SNOW VOLLEYBALL - PLAYER'S COMMITMENT

SV-01 FORM

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- The scope of the insurance policy subscribed by the CEV.

INFORMATION

		Mandatory		Optional	
Player 1	Name:	Nome Cognome	Facebook:		
	Email:	Indirizzo mail	Twitter:		
	Phone:	Numero di telefono	Instagram:		
Player 2	Name:	Nome Cognome	Facebook:		
	Email:	Indirizzo mail	Twitter:		
	Phone:	Numero di telefono	Instagram:		
Player 3	Name:	Nome Cognome	Facebook:		
	Email:	Indirizzo mail	Twitter:		
	Phone:	Numero di telefono	Instagram:		
Player 4	Name:	Nome Cognome	Facebook:		
	Email:	Indirizzo mail	Twitter:		
	Phone:	Numero di telefono	Instagram:		

- Team Official (First name, FAMILY NAME, email address and phone number):
  Head of Delegation: Nome COGNOME, Indirizzo mail, Numero di telefono
  Coach: _____
  Medical doctor: _____
  Physiotherapist: _____

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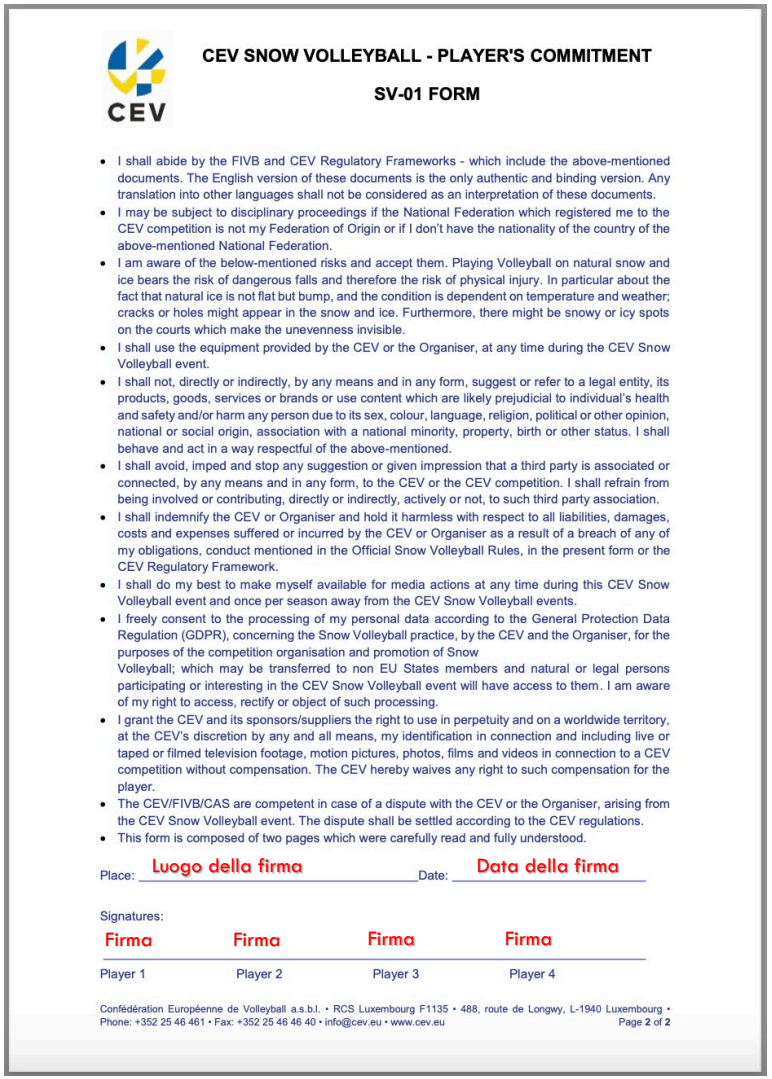

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- I grant the CEV and its sponsors/suppliers the right to use in perpetuity and on a worldwide territory, at the CEV's discretion by any and all means, my identification in connection and including live or taped or filmed television footage, motion pictures, photos, films and videos in connection to a CEV competition without compensation. The CEV hereby waives any right to such compensation for the player.
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- This form is composed of two pages which were carefully read and fully understood.

Place: Luogo della firma Date: Data della firma

Signatures:

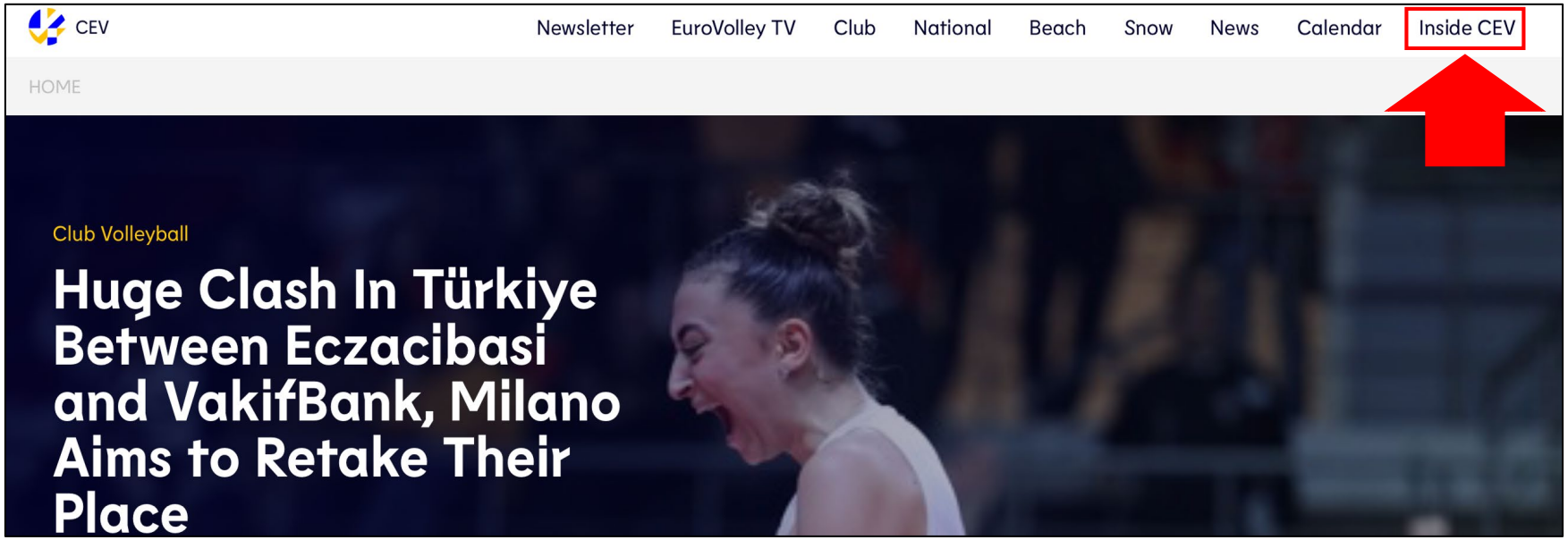
Firma	Firma	Firma	Firma
Player 1	Player 2	Player 3	Player 4

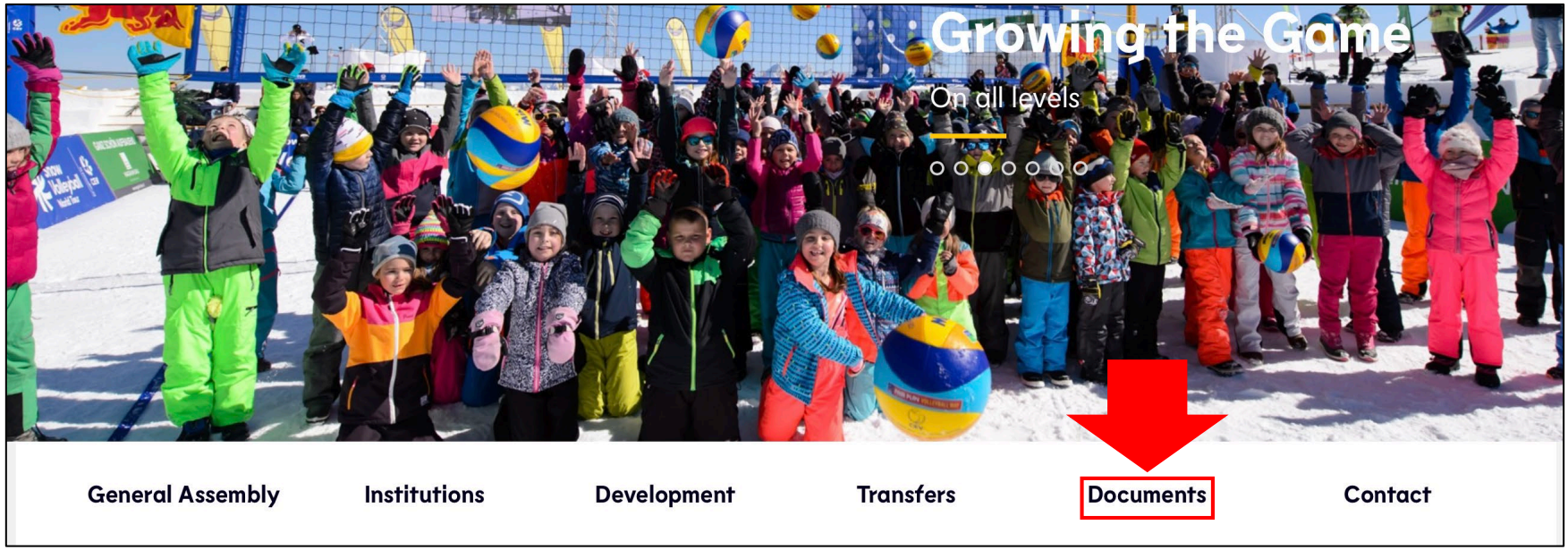
Si prega di inviare il documento intero (dalla prima all'ultima pagina)

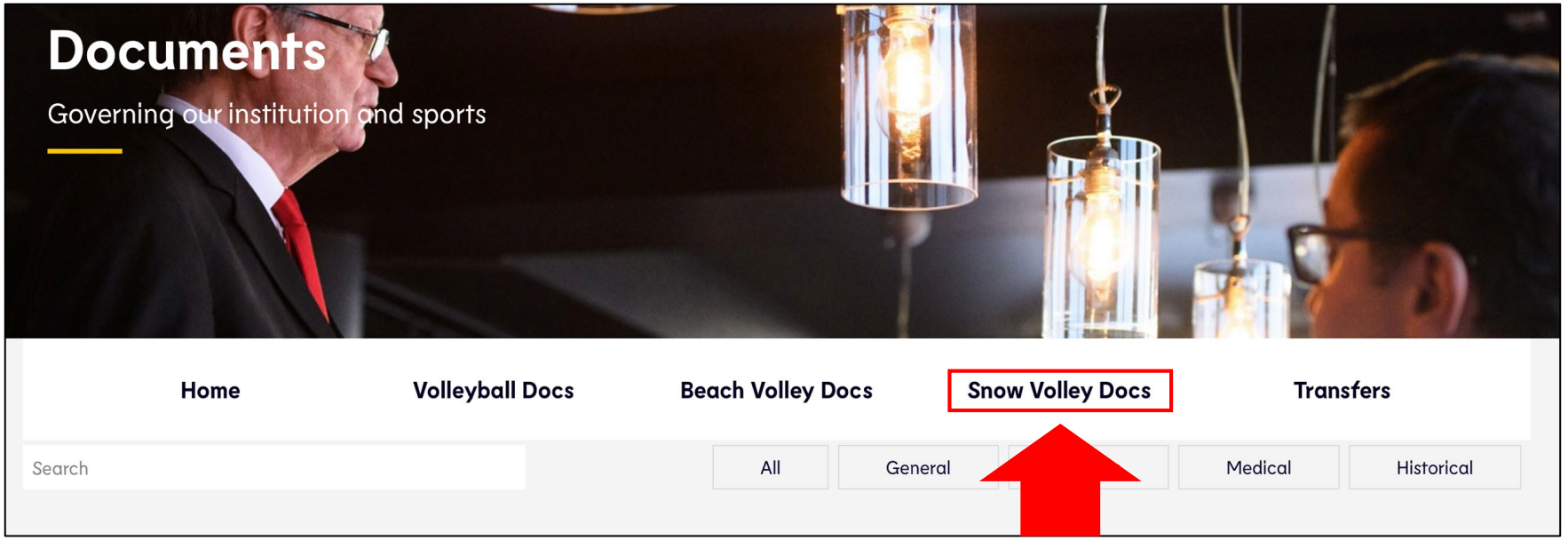
Verranno accettati soltanto i documenti in formato PDF correttamente compilati

M-03 Player’s Health Certificate

È possibile scaricare il documento dal sito della CEV







National Federations & Players

SV-A Competition Application	Download
SV-01 Player's Commitment	Download
M-3 Player's Health Certificate	Download
SV-02 Wild Card Application	
SV-03 Withdrawal/Substitution	Download

Confédération Européenne de Volleyball

M-3 HEALTH CERTIFICATE FORM (annual)
Formulaire de Certificat de Santé

THE PLAYER YOU ARE EXAMINING WILL PLAY UNDER DEMANDING AND STRESSFUL CONDITIONS INCLUDING HEAT, HIGH HUMIDITY, EXPOSURE TO INTENSES SUNLIGHT, HIGH PHYSICAL EXERTIONS, WHICH CAN LAST TILL 3 HOURS.
Le joueur que vous examinez sera exposé à des conditions difficiles et stressantes comprenant la chaleur, un taux d'humidité élevé, une longue exposition au soleil, un effort physique intense, pouvant durer jusqu'à 3 heures.

THIS FORM MUST BE HANDED OVER DURING THE PRELIMINARY TEAM INQUIRY
Ce formulaire doit être remis lors de l'enquête préliminaire avec les équipes

PLAYER LAST NAME / Nom :	FIRST NAME / Prénom :
BIRTH DATE / Date de naissance :	COUNTRY / Pays :

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.
Je soussigné, certifie sur l'honneur qu'après avoir procédé à un examen médical approfondi du joueur ci-dessus mentionné et pour autant que nous puissions en juger, il/elle jouit d'une bonne santé, est apte à voyager par n'importe quel moyen et à participer à des compétitions de Volleyball.

I, AS A PARTICIPANT IN A CEV EVENT, HEREBY ACKNOWLEDGE AND AGREE AS FOLLOWS:
1. I have had an opportunity to review the CEV Medical 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 Organizations (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.

JE SOUSSIGNE(E), PARTICIPANT A UN EVENEMENT CEV, PREND CONNAISSANCE ET ACCEPTE :
1. J'ai eu l'opportunité de lire le Règlement Médical de la CEV, y compris le Règlement Antidopage.
2. J'accepte de respecter d'être lié à toutes les dispositions du Règlement Antidopage de la FIVB, incluant mais ne se limitant pas uniquement aux modifications du Règlement et à tous les standards internationaux incorporés dans les règles Antidopage.
3. Je consens et accepte la création de mon profil dans le système AMA Clearing House (ADAMS), comme demandé dans le Code de l'AMA à laquelle la FIVB, comme IF, est signataire, et/ou dans n'importe quel autre système similaire autorisé d'Organisations Nationales Antidopage (ONAD), selon accord avec la FIVB, pour le partage des informations, de l'enregistrement de mes contrôles antidopage, des informations de localisation ainsi que des Autorisations d'usage à des fins thérapeutiques dans ce système.
4. Je prends également connaissance et accepte que toute dispute provenant d'une décision prise selon le Règlement Antidopage de la FIVB puisse, après avoir épuisé toutes les procédures prévues à cet effet dans le Règlement Antidopage de la FIVB, être envoyée en appel, comme mentionné exclusivement dans l'Article 13 du Règlement Antidopage de la FIVB, au Tribunal Arbitral du Sport ("TAS"), organisme d'appel pour décider d'un arbitrage final.
5. Je prends connaissance et accepte que les décisions du TAS soient sans appel et exécutoires et que je ne ferai aucune réclamation, arbitrage, procès ou litige auprès de toute autre cour ou tribunal.
6. J'ai lu, compris et pris connaissance de ce document.

PLAYER SIGNATURE Signature du joueur	DOCTOR NAME Nom et signature du médecin
SIGNATURE:	LAST NAME : FIRST NAME : SIGNATURE :

MEDICAL EXAMINATION PLACE & DATE Lieu et date de l'examen médical :	PLACE / Lieu :	D/j	M/m	Y/a

CEV Official form M-3

: Campi obbligatori

Esempio

Confédération Européenne de Volleyball

M-3 HEALTH CERTIFICATE FORM (annual)
Formulaire de Certificat de Santé

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THIS FORM MUST BE HANDED OVER DURING THE PRELIMINARY TEAM INQUIRY
Ce formulaire doit être remis lors de l'enquête préliminaire avec les équipes

PLAYER LAST NAME / Nom :	Cognome	FIRST NAME / Prénom :	Nome
BIRTH DATE / Date de naissance :	Data di nascita	COUNTRY / Pays :	Italy

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.
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6. I have read and understood this Acknowledgement and Agreement.

JE SOUSSIGNE(E), PARTICIPANT A UN EVENEMENT CEV, PREND CONNAISSANCE ET ACCEPTE :
1. J'ai eu l'opportunité de lire le Règlement Médical de la CEV, y compris le Règlement Antidopage.
2. J'accepte de respecter d'être lié à toutes les dispositions du Règlement Antidopage de la FIVB, incluant mais ne se limitant pas uniquement aux modifications du Règlement et à tous les standards internationaux incorporés dans les règles Antidopage.
3. Je consens et accepte la création de mon profil dans le système AMA Clearing House (ADAMS), comme demandé dans le Code de l'AMA à laquelle la FIVB, comme IF, est signataire, et/ou dans n'importe quel autre système similaire autorisé d'Organisations Nationales Antidopage (ONAD), selon accord avec la FIVB, pour le partage des informations, de l'enregistrement de mes contrôles antidopage, des informations de localisation ainsi que des Autorisations d'usage à des fins thérapeutiques dans ce système.
4. Je prends également connaissance et accepte que toute dispute provenant d'une décision prise selon le Règlement Antidopage de la FIVB puisse, après avoir épuisé toutes les procédures prévues à cet effet dans le Règlement Antidopage de la FIVB, être envoyée en appel, comme mentionné exclusivement dans l'Article 13 du Règlement Antidopage de la FIVB, au Tribunal Arbitral du Sport ("TAS"), organisme d'appel pour décider d'un arbitrage final.
5. Je prends connaissance et accepte que les décisions du TAS soient sans appel et exécutoires et que je ne ferai aucune réclamation, arbitrage, procès ou litige auprès de toute autre cour ou tribunal.
6. J'ai lu, compris et pris connaissance de ce document.

PLAYER SIGNATURE Signature du joueur	DOCTOR NAME Nom et signature du médecin
SIGNATURE: Firma dell'atleta	LAST NAME : Cognome del medico FIRST NAME : Nome del medico SIGNATURE : Firma del medico

MEDICAL EXAMINATION PLACE & DATE Lieu et date de l'examen médical :	PLACE / Lieu :	D/j	M/m	Y/a
	Luogo della visita medica	Data	Mese	Anno

(Data della firma)

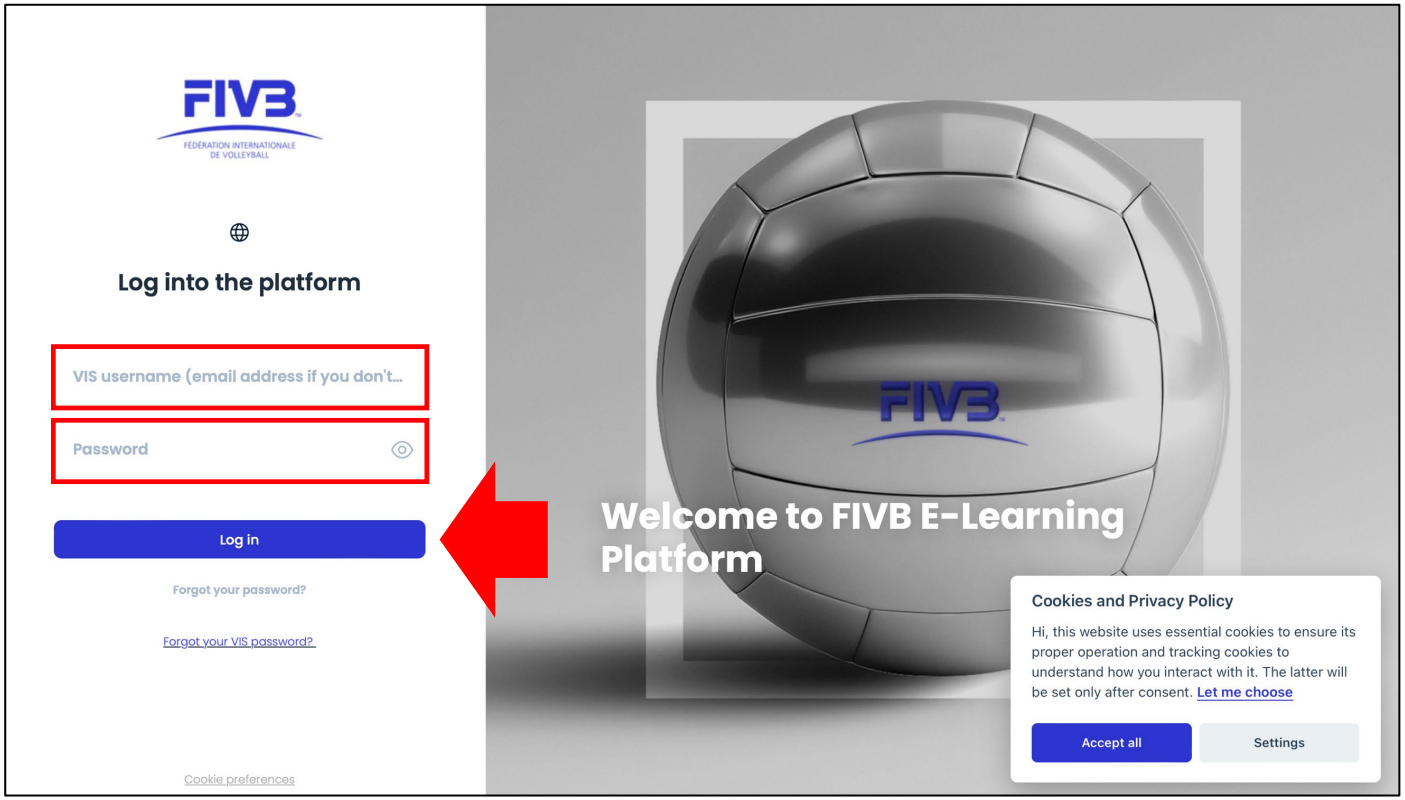
CEV Official form M-3

Verranno accettati soltanto i documenti in formato PDF correttamente compilati

FIVB Anti-Doping We play it Clean!

Chi non ha le credenziali di accesso può chiedere al Settore Snow Volley tramite il relativo modulo scaricabile dal sito federale

Link: FIVB Anti-Doping – We play it Clean!



FIVB

FÉDÉRATION INTERNATIONALE
DE VOLLEYBALL

CERTIFICATE

Play Clean E-Learning Program on Anti-Doping

Issued to: [redacted]

Birthdate: [redacted]

Federation of origin: Italy - VIS user ID : [redacted]

Valid till: 31/12/2024

After successful completion of the FIVB "Play Clean" E-Learning Program established by the Fédération Internationale de Volleyball, in accordance with the FIVB Medical and Anti-Doping Regulations and World Anti-Doping Code (WADA Code).

FIVB President
Dr. Ary S. Graça F°

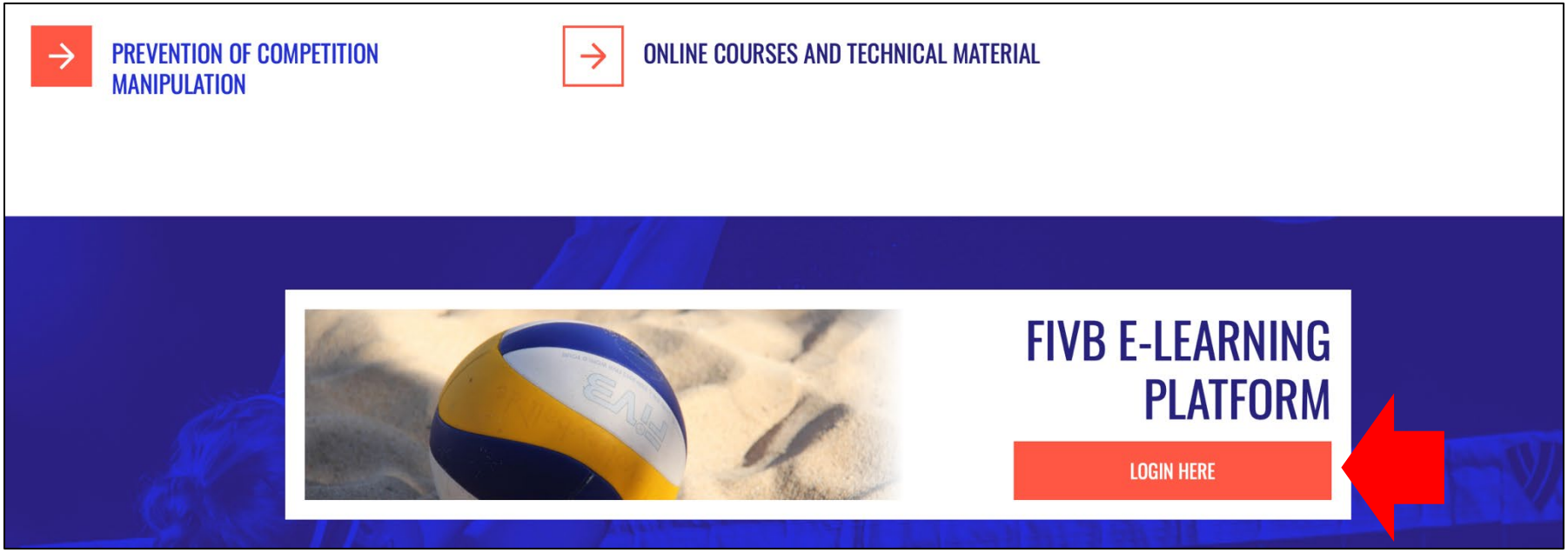
Al termine del corso sarà rilasciano un certificato che dovrà essere inviato insieme a SVF-01B (Modulo di iscrizione)

Questo certificato sarà valido fino alla fine dell'anno dei Giochi Olimpici

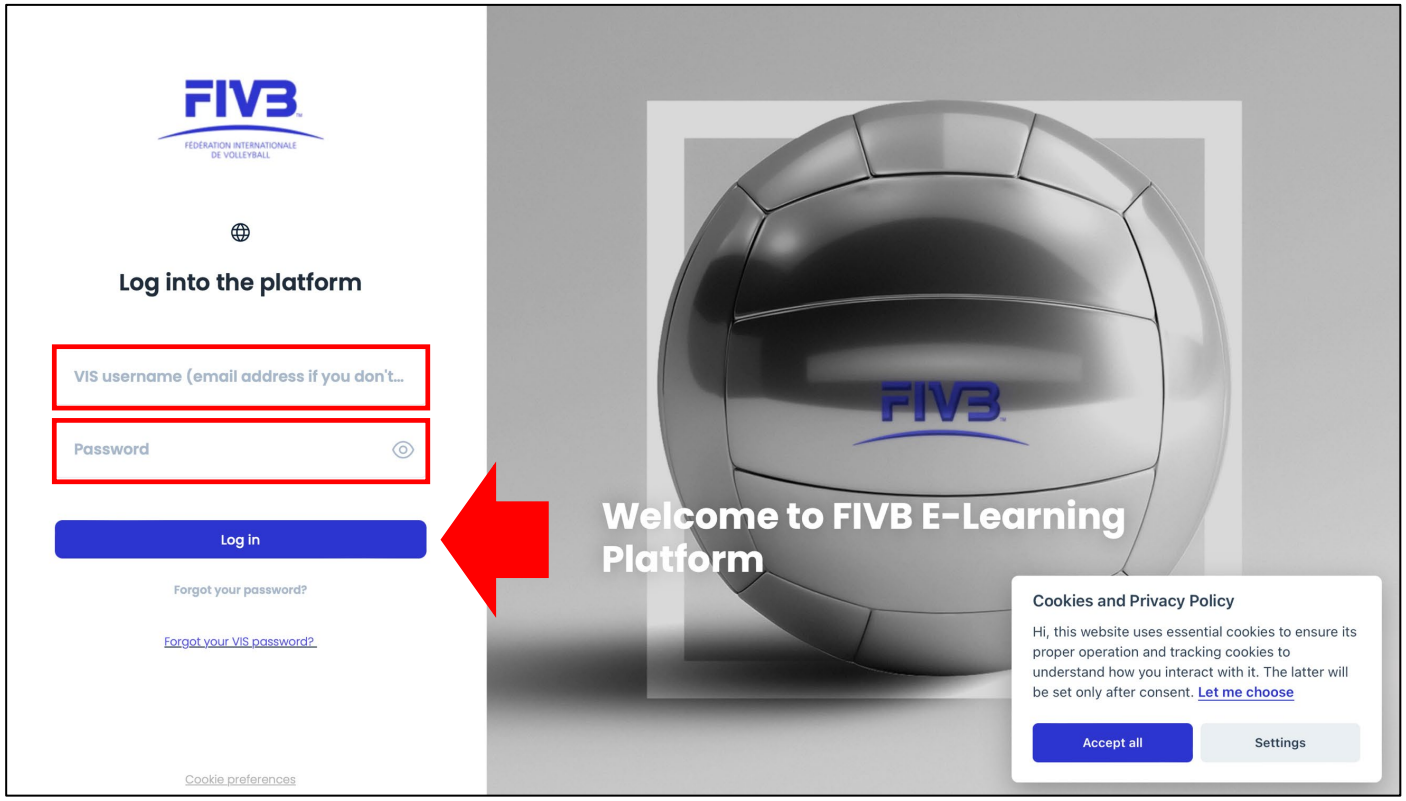
Es. Parigi 2024 (il certificato è valido fino al 31 dicembre 2024)

FIVB Prevention of Competition Manipulation

Link: [FIVB Prevention of Competition Manipulation]



Chi non ha le credenziali di accesso può chiedere al Settore Snow Volley tramite il relativo modulo scaricabile dal sito federale



FÉDÉRATION INTERNATIONALE
DE VOLLEYBALL

CERTIFICATE

E-Learning Course on the Prevention of Competition Manipulation

Issued to: [redacted]

Birthdate: [redacted]

Federation of origin: Italy - VIS user ID : [redacted]

Valid till: 31/12/2024

After successful completion of the FIVB E-Learning Course on the
"Prevention of Competition Manipulation in Volleyball, Beach Volleyball and Snow Volleyball"
established by the Fédération Internationale de Volleyball, in accordance
with the FIVB Disciplinary Regulations and the Olympic Movement Code on the Prevention
of the Manipulation of Competitions.

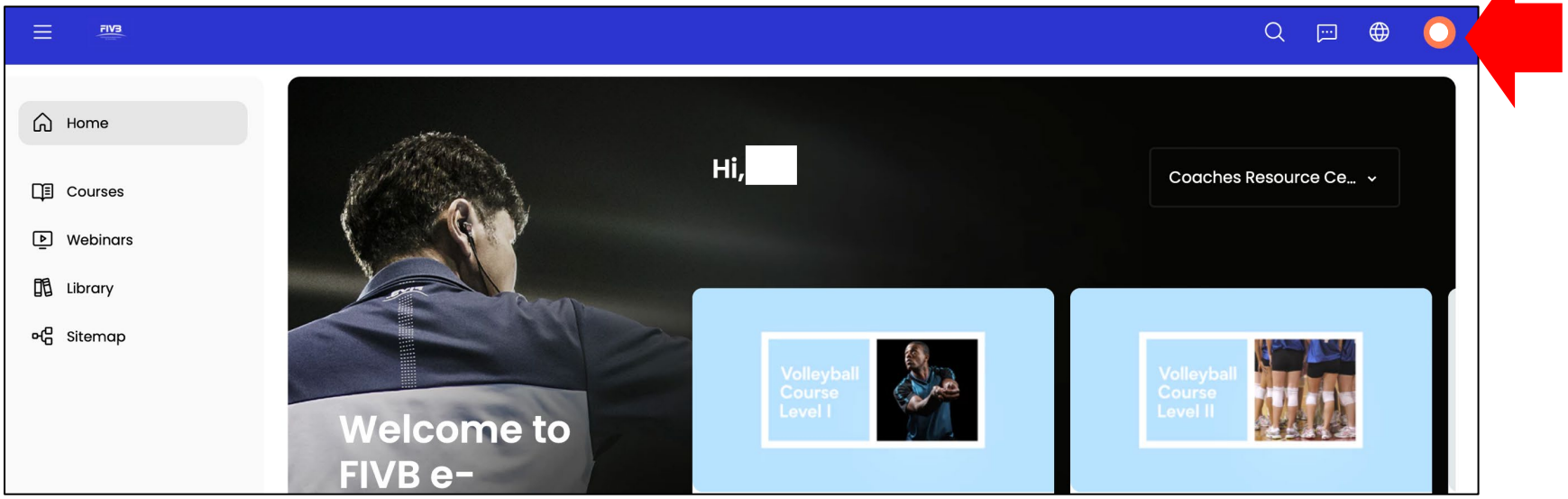
FIVB President
Dr. Ary S. Graça F°

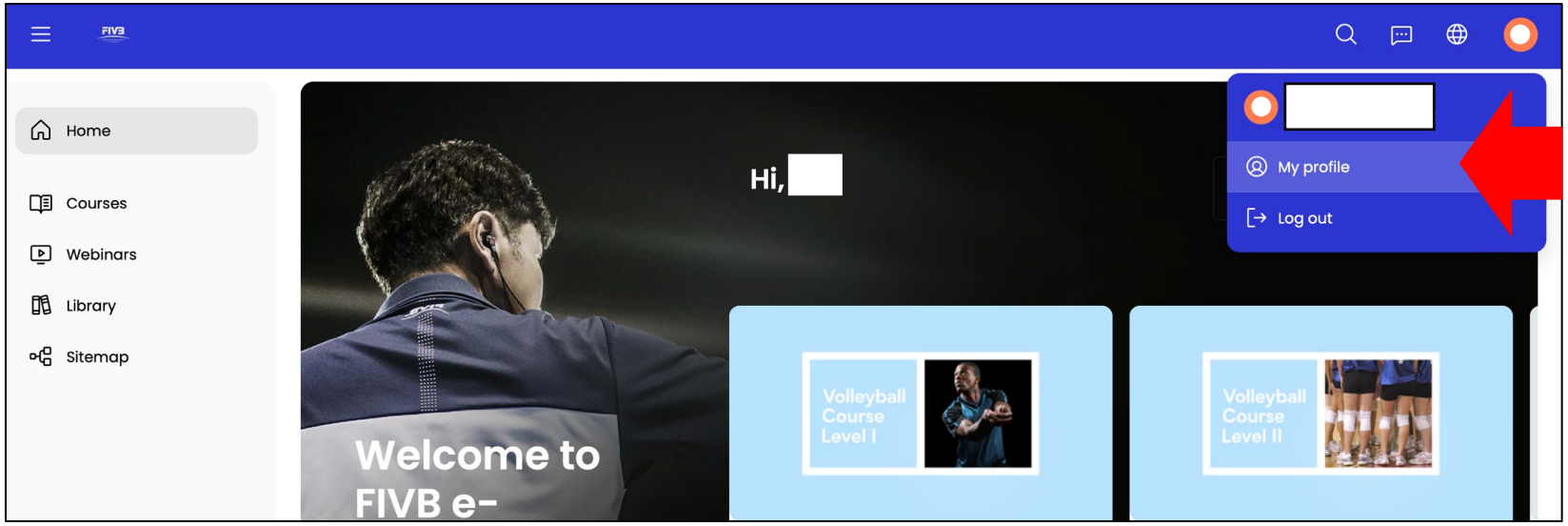
Al termine del corso sarà rilasciano un certificato che dovrà essere inviato insieme a SVF-01B (Modulo di iscrizione)

Questo certificato sarà valido fino alla fine dell'anno dei Giochi Olimpici

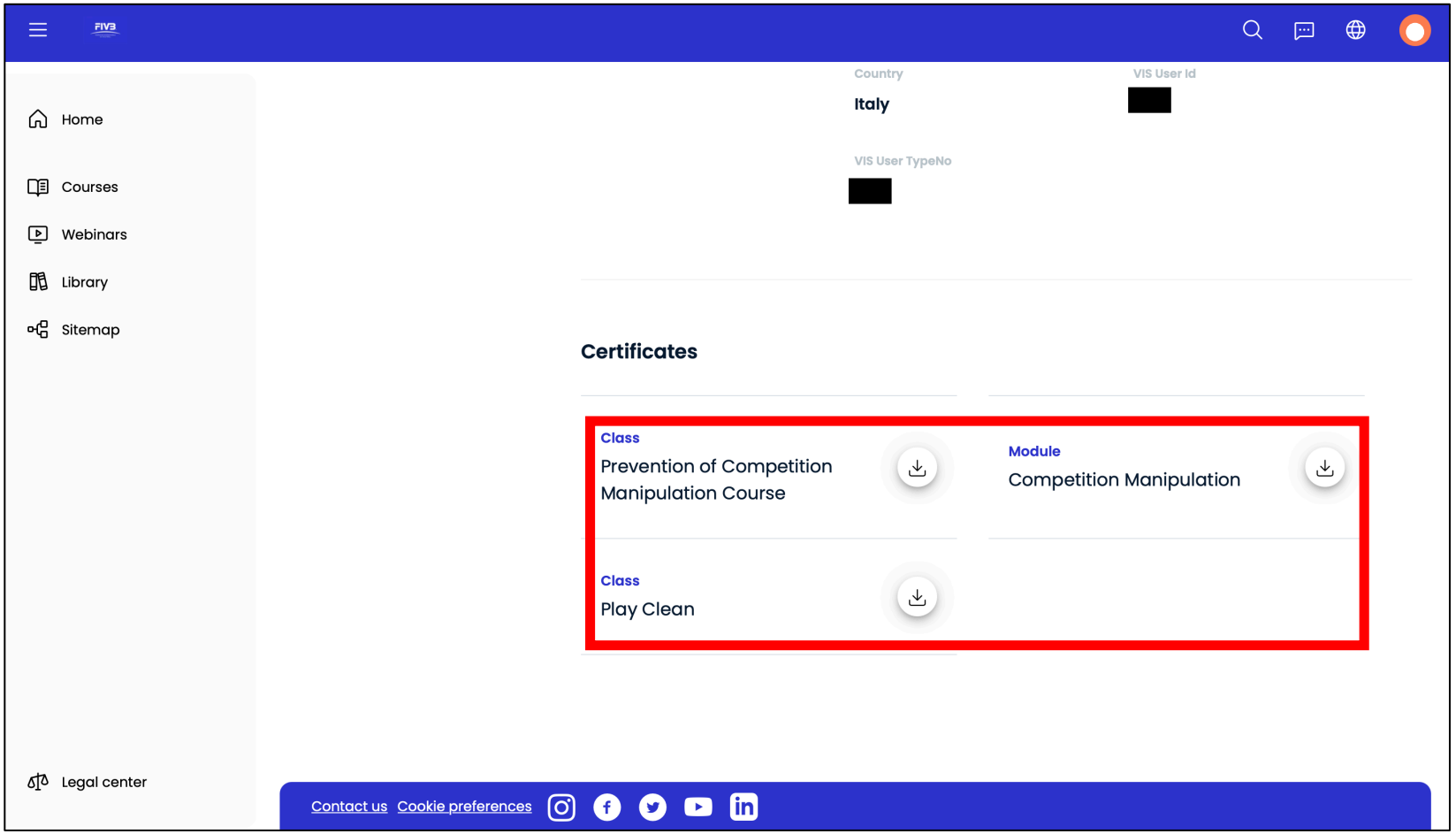
Es. Parigi 2024 (il certificato è valido fino al 31 dicembre 2024)

Modalità di download del certificato


Home
Courses
Webinars
Library
Sitemap
Hi,
Coaches Resource Ce...
Volleyball Course Level I
Volleyball Course Level II
Welcome to FIVB e-

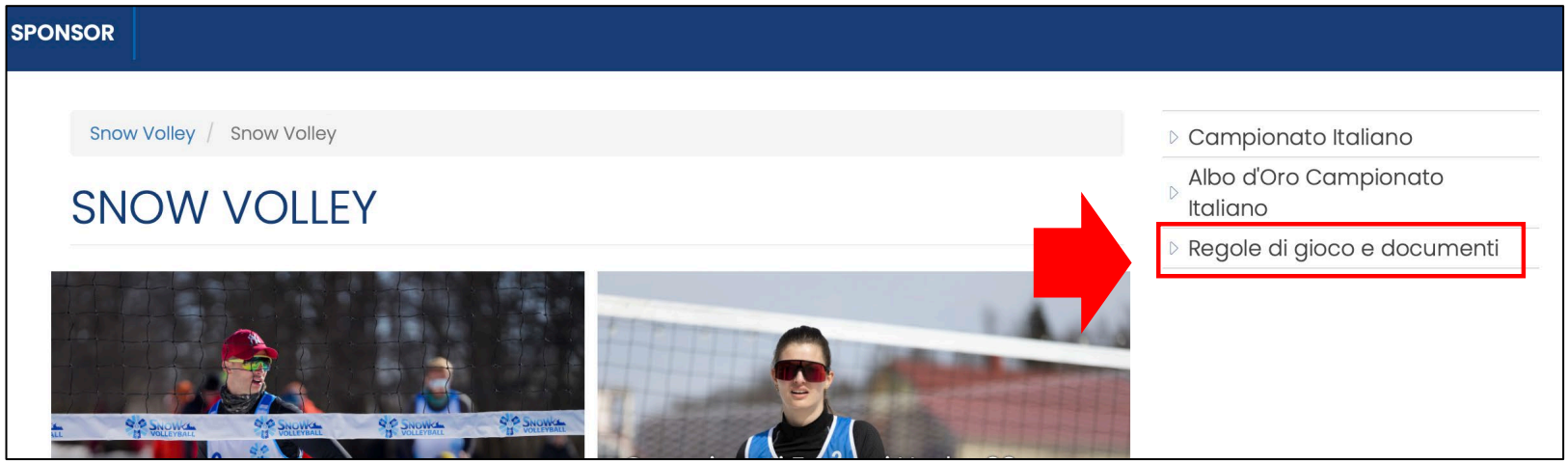

Home
Courses
Webinars
Library
Sitemap
Hi,
My profile
Log out
Volleyball Course Level I
Volleyball Course Level II
Welcome to FIVB e-

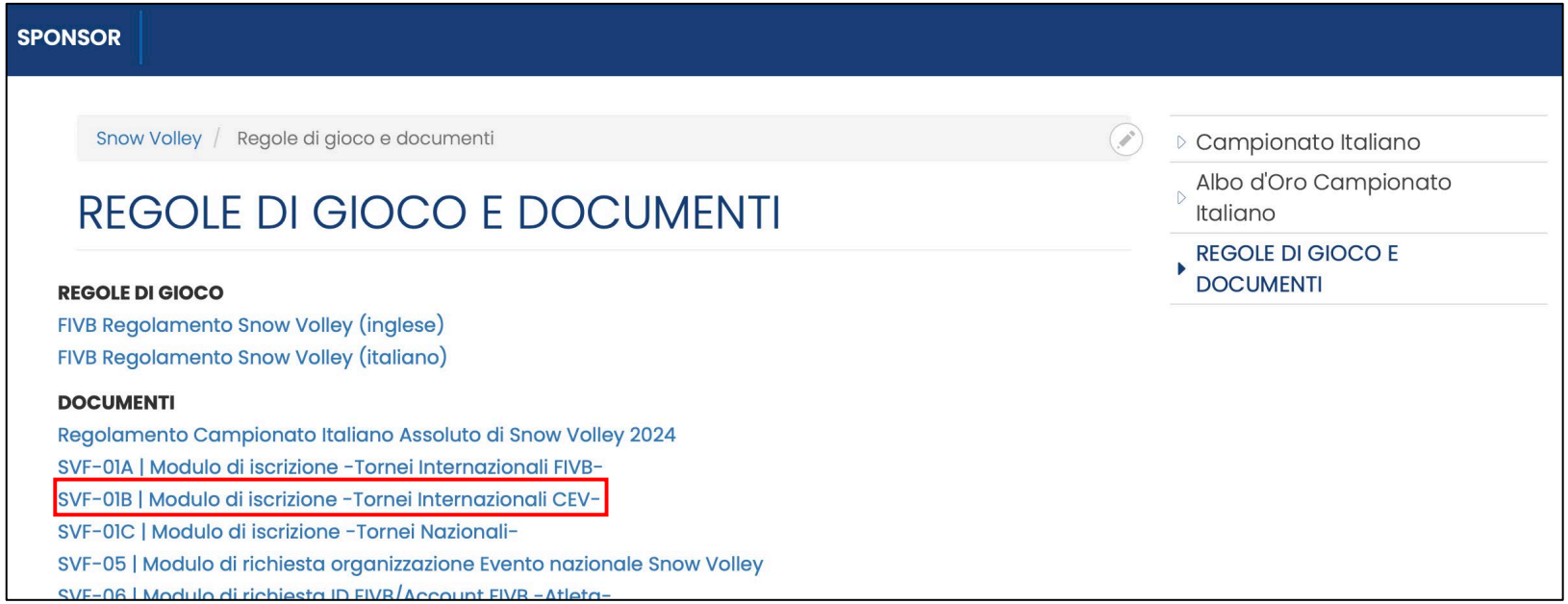
S


Home
Courses
Webinars
Library
Sitemap
Legal center
Country
Italy
VIS User Id
VIS User TypeNo
Certificates
Class
Prevention of Competition Manipulation Course
Module
Competition Manipulation
Class
Play Clean
Contact us
Cookie preferences

Moduli

I documenti possono essere visionati sul sito federale





Iscrizione

Non sarà accettata la richiesta dell'iscrizione dopo la chiusura accettazione domande

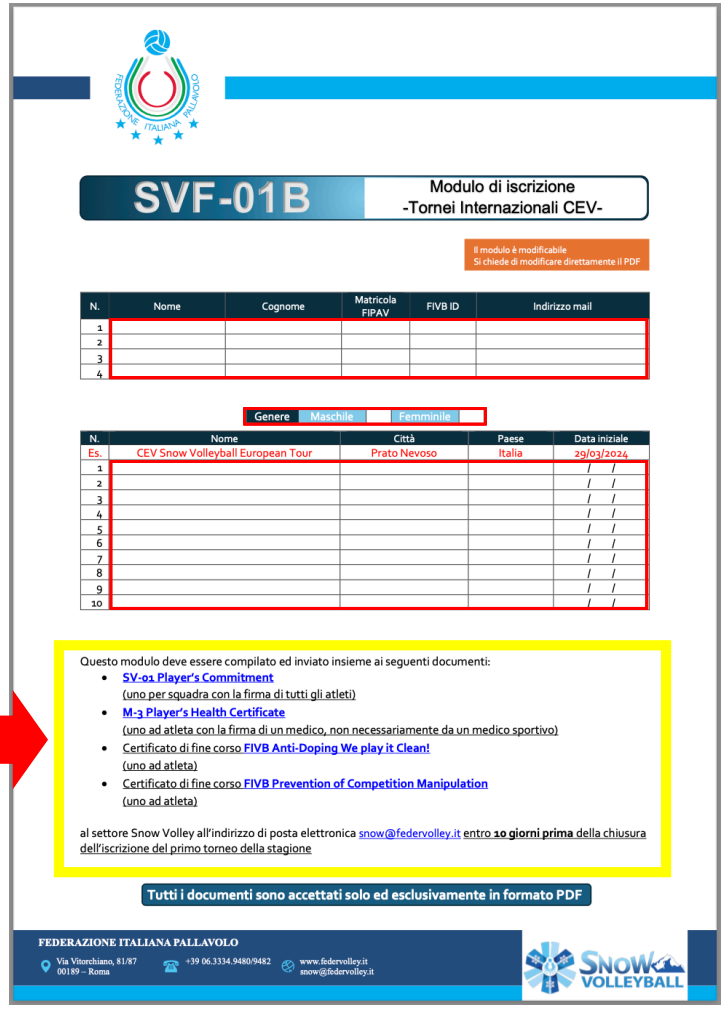
Si chiede di inviare a snow@federvolley.it i seguenti documenti in un'unica mail:

1. SVF-01B (Modulo di iscrizione)
2. SV-01 Player's Commitment
3. M-3 Player's Health Certificate
4. Certificato di fine corso FIVB Anti-Doping – We play it Clean!
5. Certificato di fine corso FIVB Prevention of Competition Manipulation

: Campi obbligatori

Si prega di leggere attentamente le indicazioni riportate nel modulo

Link: SVF-01B



SVF-01B

Modulo di iscrizione
-Tornei Internazionali CEV-

Il modulo è modificabile
Si chiede di modificare direttamente il PDF

N.	Nome	Cognome	Matricola FIPAV	FIVB ID	Indirizzo mail
1					
2					
3					
4					

Genere: Maschile / Femminile

N.	Nome	Città	Paese	Data iniziale
Es.	CEV Snow Volleyball European Tour	Prato Nevoso	Italia	29/03/2024
1				/ /
2				/ /
3				/ /
4				/ /
5				/ /
6				/ /
7				/ /
8				/ /
9				/ /
10				/ /

Questo modulo deve essere compilato ed inviato insieme ai seguenti documenti:

- SV-01 Player's Commitment
  (uno per squadra con la firma di tutti gli atleti)
- M-3 Player's Health Certificate
  (uno ad atleta con la firma di un medico, non necessariamente da un medico sportivo)
- Certificato di fine corso FIVB Anti-Doping We play it Clean!
  (uno ad atleta)
- Certificato di fine corso FIVB Prevention of Competition Manipulation
  (uno ad atleta)

al settore Snow Volley all'indirizzo di posta elettronica snow@federvolley.it entro **10 giorni prima** della chiusura dell'iscrizione del primo torneo della stagione

Tutti i documenti sono accettati solo ed esclusivamente in formato PDF

FEDERAZIONE ITALIANA PALLAVOLO
Via Vitorchiano, 81/87
00189 – Roma
+39 06.3334.9480/9482
www.federvolley.it
snow@federvolley.it

SNOW VOLLEYBALL

SVF-01B (Modulo di iscrizione)

Tempistiche

- 22
- Chiusura Accettazione domande

- 15
- Chiusura dell’iscrizione CEV

- 10
- Confirmed Entry List

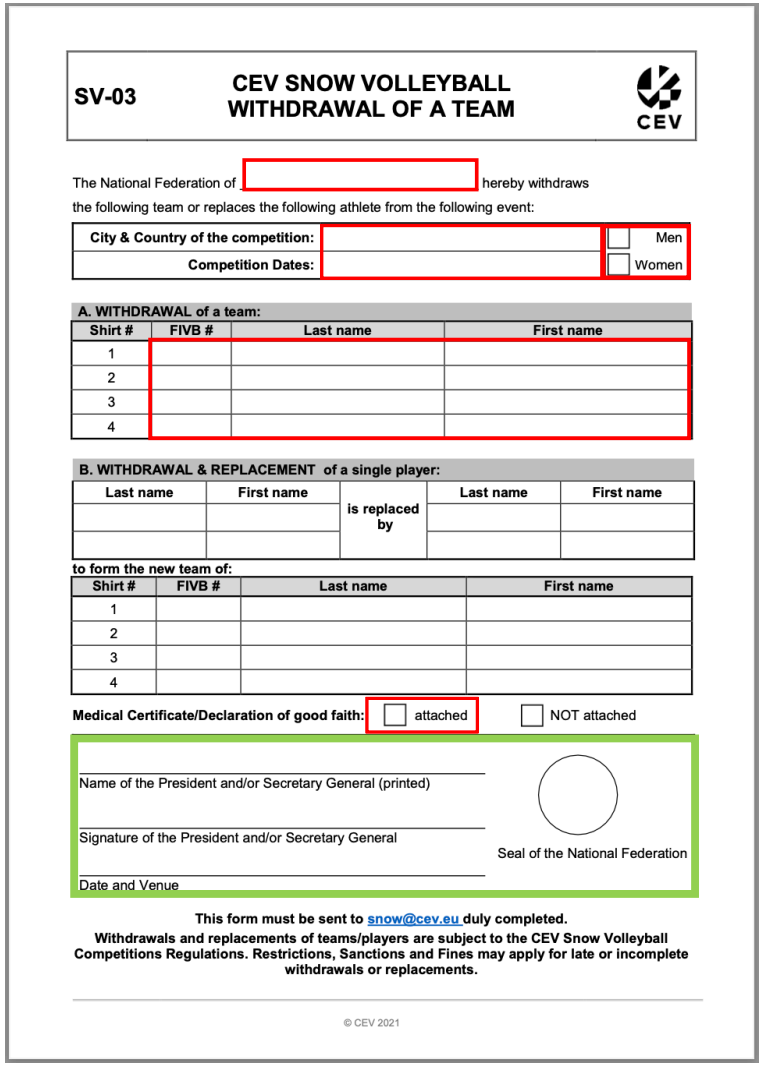
- 1
- Preliminary Inquiry

Cancellazione

Questo modulo (SV-03) deve essere compilato in inglese ed inviato insieme ai documenti necessari al settore Snow Volley all'indirizzo di posta elettronica snow@federvolley.it

: Campi obbligatori

: Campi riservati alla FIPAV



SV-03 **CEV SNOW VOLLEYBALL WITHDRAWAL OF A TEAM** CEV

The National Federation of _____ hereby withdraws the following team or replaces the following athlete from the following event:

City & Country of the competition:		☐ Men
Competition Dates:		☐ Women

A. WITHDRAWAL of a team:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

B. WITHDRAWAL & REPLACEMENT of a single player:

Last name	First name		Last name	First name
		is replaced by		

to form the new team of:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

Medical Certificate/Declaration of good faith: ☐ attached ☐ NOT attached

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Seal of the National Federation

Date and Venue

This form must be sent to snow@cev.eu duly completed.

Withdrawals and replacements of teams/players are subject to the CEV Snow Volleyball Competitions Regulations. Restrictions, Sanctions and Fines may apply for late or incomplete withdrawals or replacements.

Link: SV-03

Verranno accettati soltanto i documenti in formato PDF correttamente compilati

Esempio

SV-03

CEV SNOW VOLLEYBALL WITHDRAWAL OF A TEAM

CEV

The National Federation of Italy hereby withdraws the following team or replaces the following athlete from the following event:

City & Country of the competition:	Prato Nevoso, Italy	☑ Men
Competition Dates:	30-31/03/2024	☐ Women

A. WITHDRAWAL of a team:

Shirt #	FIVB #	Last name	First name
1	123456	Cognome	Nome
2	123457	Cognome	Nome
3	123458	Cognome	Nome
4	123459	Cognome	Nome

B. WITHDRAWAL & REPLACEMENT of a single player:

Last name	First name		Last name	First name
		is replaced by		

to form the new team of:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

Medical Certificate/Declaration of good faith: ☑ attached ☐ NOT attached

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Date and Venue

Seal of the National Federation

This form must be sent to snow@cev.eu duly completed.

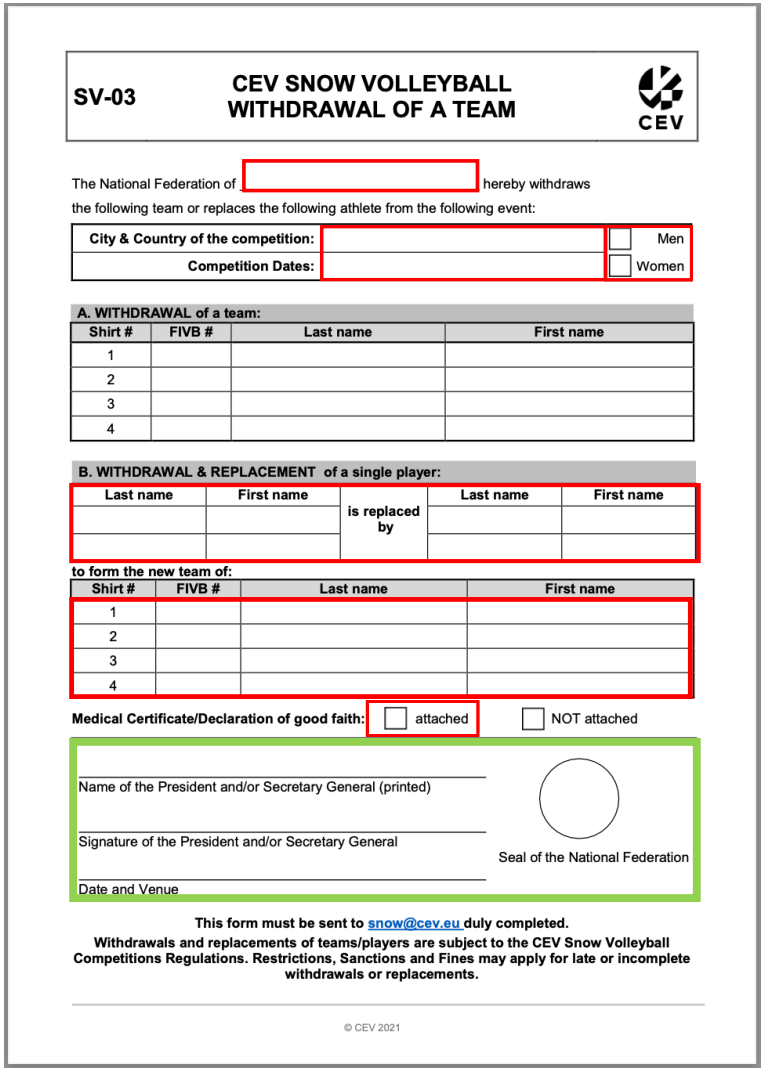
Withdrawals and replacements of teams/players are subject to the CEV Snow Volleyball Competitions Regulations. Restrictions, Sanctions and Fines may apply for late or incomplete withdrawals or replacements.

Cambio componente

Questo modulo (SV-03) deve essere compilato in inglese ed inviato insieme ai documenti necessari al settore Snow Volley all'indirizzo di posta elettronica snow@federvolley.it

: Campi obbligatori

: Campi riservati alla FIPAV



SV-03 **CEV SNOW VOLLEYBALL WITHDRAWAL OF A TEAM** CEV

The National Federation of _____ hereby withdraws the following team or replaces the following athlete from the following event:

City & Country of the competition:		☐ Men
Competition Dates:		☐ Women

A. WITHDRAWAL of a team:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

B. WITHDRAWAL & REPLACEMENT of a single player:

Last name	First name		Last name	First name
		is replaced by		

to form the new team of:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

Medical Certificate/Declaration of good faith: ☐ attached ☐ NOT attached

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Seal of the National Federation

Date and Venue

This form must be sent to snow@cev.eu duly completed.

Withdrawals and replacements of teams/players are subject to the CEV Snow Volleyball Competitions Regulations. Restrictions, Sanctions and Fines may apply for late or incomplete withdrawals or replacements.

Link: SV-03

Verranno accettati soltanto i documenti in formato PDF correttamente compilati

Esempio

SV-03 **CEV SNOW VOLLEYBALL WITHDRAWAL OF A TEAM**

The National Federation of Italy hereby withdraws the following team or replaces the following athlete from the following event:

City & Country of the competition:	Prato Nevoso, Italy	☑ Men
Competition Dates:	30-31/03/2024	☐ Women

A. WITHDRAWAL of a team:

Shirt #	FIVB #	Last name	First name
1			
2			
3			
4			

B. WITHDRAWAL & REPLACEMENT of a single player:

Last name	First name		Last name	First name
Cognome	Nome	is replaced by	Cognome	Nome

to form the new team of:

Shirt #	FIVB #	Last name	First name
1	123456	Cognome	Nome
2	123457	Cognome	Nome
3	123458	Cognome	Nome
4	123459	Cognome	Nome

Medical Certificate/Declaration of good faith: ☑ attached ☐ NOT attached

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Date and Venue

Seal of the National Federation

This form must be sent to snow@cev.eu duly completed.

Withdrawals and replacements of teams/players are subject to the CEV Snow Volleyball Competitions Regulations. Restrictions, Sanctions and Fines may apply for late or incomplete withdrawals or replacements.

Multa

Cancellazione

Tempistiche	Multa	Documenti necessari
Prima dell'uscita del Confirmed Entry List	No	Nessun documento
Dopo l'uscita del Confirmed Entry List e fino all'ultimo lunedì (ore 17 di Lussemburgo)	No	• BV-03 • Certificato medico scritto in inglese • Prova di acquisto biglietto viaggio
Dopo l'ultimo lunedì (ore 17 di Lussemburgo) e fino alla Preliminary Inquiry	Sì*	• BV-03 • Certificato medico scritto in inglese • Prova di acquisto biglietto viaggio

Cambio componente

Tempistiche	Multa	Documenti necessari
Prima dell'uscita del Confirmed Entry List	No	Nessun documento
Dopo l'uscita del Confirmed Entry List e fino all'ultimo lunedì (ore 17 di Lussemburgo)	No	• BV-03 • Certificato medico scritto in inglese • Prova di acquisto biglietto viaggio
Dopo l'ultimo lunedì (ore 17 di Lussemburgo) e fino alla Preliminary Inquiry	Sì*	• BV-03 • Certificato medico scritto in inglese • Prova di acquisto biglietto viaggio

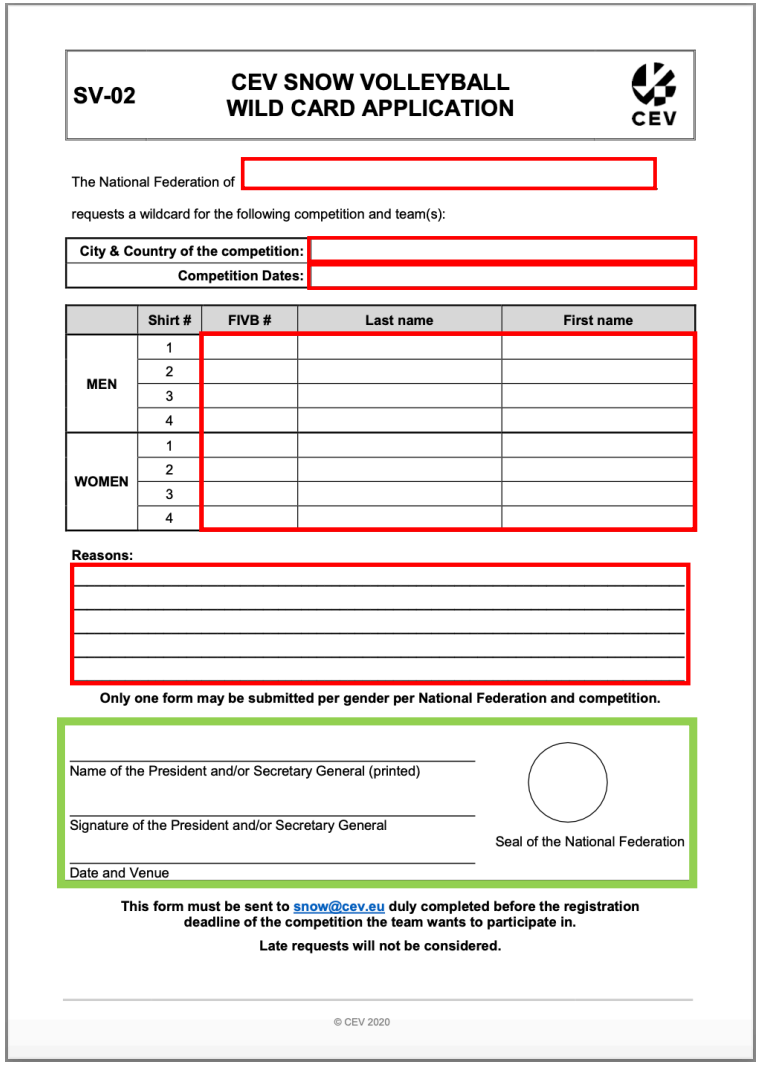
*Verrà applicata una sanzione pecuniaria di 60 €

Wild Card

Questo modulo (SV-02) deve essere compilato in inglese ed inviato entro 1 settimana prima dalla data di scadenza dell'iscrizione al Torneo al settore Snow Volley all'indirizzo di posta elettronica snow@federvolley.it

: Campi obbligatori

: Campi riservati alla FIPAV



SV-02 **CEV SNOW VOLLEYBALL WILD CARD APPLICATION** CEV

The National Federation of

requests a wildcard for the following competition and team(s):

City & Country of the competition:	
Competition Dates:	

	Shirt #	FIVB #	Last name	First name
MEN	1			
	2			
	3			
	4			
WOMEN	1			
	2			
	3			
	4			

Reasons:

Only one form may be submitted per gender per National Federation and competition.

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Date and Venue

Seal of the National Federation

This form must be sent to snow@cev.eu duly completed before the registration deadline of the competition the team wants to participate in.

Late requests will not be considered.

© CEV 2020

Link: SV-02

Verranno accettati soltanto i documenti in formato Word correttamente compilati

Esempio

SV-02 **CEV SNOW VOLLEYBALL WILD CARD APPLICATION**

The National Federation of Italy

requests a wildcard for the following competition and team(s):

City & Country of the competition:	Prato Nevoso, Italy
Competition Dates:	30-31/03/2024

	Shirt #	FIVB #	Last name	First name
MEN	1	123456	Cognome	Nome
	2	123457	Cognome	Nome
	3	123458	Cognome	Nome
	4	123459	Cognome	Nome
WOMEN	1			
	2			
	3			
	4			

Reasons:
In inglese

Only one form may be submitted per gender per National Federation and competition.

Name of the President and/or Secretary General (printed)

Signature of the President and/or Secretary General

Date and Venue

Seal of the National Federation

This form must be sent to snow@cev.eu duly completed before the registration deadline of the competition the team wants to participate in.

Late requests will not be considered.


FEDERAZIONE ITALIANA
PALLAVOLO