



## CROATIAN POWERLIFTING FEDERATION

Matije Gupca 63

VIROVITICA

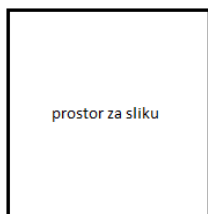
MB: 38157020492, OIB: 38157020492

Bank account: 2412009-1131005680

Web: <http://www.hpls-powerlifting.hr> e-mail: [info@hpls-powerlifting.hr](mailto:info@hpls-powerlifting.hr)

Gsm: 099 258 9361 (Danijel Škopec, President)

### POWERLIFTING KLUB GALACTICOS



### APPLICATION FOR REGISTRATION OF ATHLETE

For POWERLIFTING club:

GALACTICOS

from VARAŽDIN

Athlete's name, one parent's name,  
surname:

\_\_\_\_\_

OIB (Personal identification number):

\_\_\_\_\_

Day, month, and year of birth:

\_\_\_\_\_

Place, city or municipality, country of  
birth:

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Residence and address:

\_\_\_\_\_

Date of joining the club:

\_\_\_\_\_

**I declare that I accept the Statute and general acts of the club, as well as the Statute and general acts of the Croatian POWERLIFTING Federation.**

**I declare that I am not registered in any other club.**

In \_\_\_\_\_, \_\_\_\_\_  
(place) (date)

Signature of the athlete:

\_\_\_\_\_

I agree that my son/daughter registers and competes for the POWERLIFTING club \_\_\_\_\_ from \_\_\_\_\_. (Consent and signature of the parent is required only for athletes under 18 years old).

Signature of the parent:

\_\_\_\_\_

I confirm that the athlete has personally filled in the data in the Registration Application and has personally signed it. For athletes under 18 years old, the application was co-signed by the legal guardian.

Authorized person of the club:

\_\_\_\_\_

Attachment::

- Copy of the athlete's citizenship certificate
- Two photos (smaller size)