



## Insurance form

# dybl as part of the BUDAPESTI BASEBALL ÉS SOFTBALL SZÖVETSÉG

## INSURANCE FORM

This affidavit, duly completed and signed, is to be delivered to:  
Kiss Szabolcs, kiss.szabi79@gmail.com

COMPETITION : dybl 2022

TEAM : \_\_\_\_\_

We undersigned,

Name, Surname : \_\_\_\_\_

Title or Function : \_\_\_\_\_

Legal Representative of :

the Federation : \_\_\_\_\_ (in case of Championship)

the Club : \_\_\_\_\_ (in case of Cup Competition)

certify that :

All Members of our Team are covered by insurance for participation to sport competition in accordance with the national legal requirements of the Country of our National Federation of belonging, this including civil responsibility, personal injuries, medical treatment and specific protection of minor players.

We assume the entire civil, penal, and disciplinary responsibility in case of violation of the above mentioned provisions or of wrong or inaccurate declaration.

Date :

Signature and Seal :

A TEAM THAT FAILS TO REMIT THIS AFFIDAVIT WILL NOT BE ACCEPTED IN THE COMPETITION