




1ST INTERNATIONAL POLICE ASSOCIATION GAMES



PORTUGAL 2018




APPLICATION FORM


ACTIVITY:

 **VOLLEYBALL**
 **BASKETBALL**
 **FUTSAL**

 **SHOOTING**
 **RUNNING**

NAME OF THE TEAM: _____ **COUNTRY:** _____

TEAM MANAGER: _____ **CONTACT:**  _____

 _____

	NAME: (FIRST NAME AND SURNAME)	AGE	GENDER		IPA MEMBERSHIP NUMBER	SIGNATURE
			M	F		
1			<input type="checkbox"/>	<input type="checkbox"/>		
2			<input type="checkbox"/>	<input type="checkbox"/>		
3			<input type="checkbox"/>	<input type="checkbox"/>		
4			<input type="checkbox"/>	<input type="checkbox"/>		
5			<input type="checkbox"/>	<input type="checkbox"/>		
6			<input type="checkbox"/>	<input type="checkbox"/>		
7			<input type="checkbox"/>	<input type="checkbox"/>		
8			<input type="checkbox"/>	<input type="checkbox"/>		
9			<input type="checkbox"/>	<input type="checkbox"/>		
10			<input type="checkbox"/>	<input type="checkbox"/>		
11			<input type="checkbox"/>	<input type="checkbox"/>		
12			<input type="checkbox"/>	<input type="checkbox"/>		

NOTICE TO ALL PARTICIPANTS: BY MY ABOVE SIGNATURE, I ACKNOWLEDGE THAT PHYSICAL ACTIVITIES CREATE INHERENT RISKS OF INJURY TO PARTICIPANTS. I HEREBY ASSUME THESE RISKS AND RELEASE THE INTERNATIONAL POLICE ASSOCIATION FROM ANY LIABILITY AND CLAIMS, RESULTING FROM INJURIES I MIGHT SUFFER WHILE PARTICIPATING IN THESE GAMES.