Competition No

V primeru nesreče obvestite spodaj navedeno osebo, ki jo obenem pooblaščam za urejanje formalnosti:

In case of emergency/accident contact person below, which is also authorized to regulate the formalities:

Priimek Surname	
Ime Name	
Datum rojstva Date of birth	
Relacija Relationship	
Telefonska številka Phone number	

Spodaj podpisani pooblaščam vodstvo GHD Gorjanci 2019, da od zdravstvenih ustanov pridobijo podatke o poškodbah.

The undersigned hereby authorize The Headquarters oof GHD Gorjanci 2019, to obtain medical informations on injuries from Medical Institutions.

Priimek Surname	
Ime Name	
Društvo Club	

.....

Datum Date

.....

Podpis Signature