

**2019/2020 ACCREDITATION PHYSIOTHERAPISTS**

*This form must be sent to* ***organizers*** *of the event concerned any time during the season but not later than 3 days before the event in which a physiotherapist or a Doctor would like to enter. This form will not be accepted if not typewritten (capital letters accepted). The Doctor and/or Therapist must have completed the* ***FIVB Prevention of Manipulation course*** [***(LINK)***](https://www.fivb.com/development/manipulationcourse)*in order to be eligible to receive the accreditation.*

**THE NATIONAL FEDERATION OF: ..........................................................………………………………………………… IS REQUESTING AN ACCREDITATION FOR A PHYSIOTHERAPIST/DOCTOR ACCOMPANYING A TEAM IN THE FOLLOWING EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

*It is agreed that the accredited physiotherapist can receive exclusively the benefits enlisted in the Handbook.*

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| PLAYERS’ AND PHYSIOTHERAPIST(S) LAST NAME AND FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER) |
| Country of Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender of Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Player 1: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIVB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Player 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIVB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physiotherapist: Mr. / Mrs. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIVB ID Number: \_\_\_\_\_\_\_\_\_\_ |

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| NF AUTHORISED SIGNATURE | SEAL OF THE NF | PLACE AND DATE |
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