


Individual entry form - Certificate of Academic Eligibility

Country:	SWITZERLAND		
University:	xxx		
Family Name:	Muster		
First Name:	Maria		
Sex:	Female		
Date of Birth:	20.12.1997		
Passport (ID Card) Nr.:	C1000111		
Address:	Musterstrasse 3	Faculty:	xx
City:	80000 Zürich	Field of Study:	xx
Email:	x.y@blabla.ch	Year of Study:	xx
Mobile Phone:	0041 79 111 11 11	Graduation date:	xx.xx.xx
General remarks:			



Function:	athlete	Discipline:	Sportart
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Travel plan:			
Arrival:	xx.xx.xxxx	Departure:	xx.xx.xxxx

TO BE COMPLETED BY UNIVERSITY

I hereby certify, to the best of my knowledge, that the above data is correct.

Signed by:		
Name:	<div style="border: 1px dashed black; width: 150px; height: 80px; margin: 0 auto;">Seal</div>
Position:	
Date:	
Signature:	

Disclaimers: "In accordance with the [EUSA Rules and Regulations](#), each participant is required to have international health insurance for the duration of the event. Neither EUSA nor OC will be liable for any costs arising from the failure to follow this regulation. I have read and understood the above requirement. In the event of illness or injury arising, I accept full liability for all costs occurring due to any failure to obtain appropriate insurance. Furthermore, I accept the code of conduct as set in the Disciplinary protocol available within [EUSA Rules and Regulations](#), and am aware of the possible sanctions for the breach of these rules. Submitted data is processed in accordance with EUSA privacy policy and will be used for the needs of the event only. EUSA may use contact emails for information services from which the users may unsubscribe at any moment. Please refer to the [EUSA events registration GDPR Policy](#) for more information."

TO BE COMPLETED BY INDIVIDUAL

Date:	Signature:
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