

## Application form for IPF Coach Licence Level II

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| ***At*** ***La Manga Club Resort – 30389, Cartagena, Murcia, Spain******14th to 18th October 2015******Closing date for application 15thSeptember 2015*** |

**Requirement for booking**

Full name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full postal address including post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of National Federation or Ministry of Sport or Sport Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expire date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_Airport/flight Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_Airport/flight number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest airport to La Manga Club Resort is: **Alicante airport, Spain**

**Please try and arranged your flight to arrive at Alicante airport in the afternoon of the 14th October, Transfer from Alicante to La Manga Club is 165Km**

**Please note** Accommodation cost is based on staying in twin room. If you require single room the cost will be extra

**Health Questionnaire**

**Please answer the following**

1. Have you been advised by your doctor against exercising? Yes – No **please state**

2. Are you recovering from an illness or operation? Yes – No **please state**

3. Are you on any medication? Yes – No **please state**

4. Do you suffer from high blood pressure/low blood pressure? Yes – No **please state**

5. Do you have a heart condition? Yes – No **please state**

6. Are you Diabetes? Yes – No **please state**

7. Do you suffer from Epilepsy? Yes – No **please state**

8. Are you Asthmatic? Yes – No **please state**

9. Do you currently have any muscular injuries? Yes – No **please state**

10. Is there any other information or problems that you feel may be relevant to you undertaking the course? Yes – No **please state**

**If “Yes” explain:**

**Declaration**

I hereby confirm that I am fit to undertake the course, and I will not hold IPF or its staff responsible for any personal injuries suffered through the undertaking of the course, whether occurring during participation or any activity or not.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course fee is payable to the following IPF Account:**

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| **Name of the account:** | International Powerlifting Federation |
| **Name of the Bank:** | Caisse d'Epargne de l'Etat du Luxembourg |
| **Account number:** | (IBAN) LU57 0019 1300 4802 3000 |
| **Bic Code:** | BCEELULL |
| **Address**: | Place de Metz L-2954 |
|  | Luxembourg |

**Please return this application form to:**

Ralph Farquharson

Calle Galena 5, Casa 44

Villapiedra

03189

Orihuela costa

Alicante

Spain

E-Mail: ralph@europowerlifting.org

Phone: +34 966 733367, Mobile: +34 650041559

Copy with payment to IPF Treasurer Dietmar Wolf: email Dietmar.Wolf@powerlifting-ipf.com

**Please note no application form will be accepted without payment**