



Application form for the IPF Coach Licence Level II

At

**Eleiko Sport Center (Eleiko Group AB), Klastorpsvägen
18, 302 62 Halmstad, Sweden**

8th to 12th July 2020 – Arrive on 8th and depart the 12th

Closing date for application 8th June 2020

Requirement for booking

Full name and surname:

Nation:

E-Mail:

Date of birth:

Contact Number

Mobile:

Full postal address including post code:

Please send with your application a good quality passport size photo

It is needed for your Diploma; No application will be accepted without a photo.

Please place your picture in the box



Name of National Powerlifting Federation:

Valid passport number:

Expire date

Arrival date:

Time:

Halmstad Train station

Departure date:

Time:

Halmstad Train station

Nearest Airport Copenhagen

Please note: Get your flight to **Copenhagen Airport and then take a train to **Halmstad**, you will be pick up and taken to your accommodation in Halmstad**

Arrive Wednesday 8th July Halmstad Train Station – Transfer from Halmstad Train Station to Your Accommodation

Depart from your accommodation to Halmstad Train Station

Please note: Accommodation is based on staying in twin room. If you require single room the cost will be extra, **if your required Vegetarian meal please state**

Please also note accommodation include evening meals, however you will have to pay for your lunch at the Eleiko Center €15 per day

All Successful participants of the course will receive IPF official course T-Shirt Please state your T-Shirt Size
Small ___ Medium ___ Large ___ X Large ___ XX Large ___ XXX Large ___ XXXX Large ___

Health Questionnaire

Please answer the following:

- | | | |
|--|-----|----|
| 1. Have you been advised by your doctor against exercising? | Yes | No |
| 2. Are you recovering from an illness or operation? | Yes | No |
| 3. Are you on any medication? | Yes | No |
| 4. Do you suffer from high blood pressure/low blood pressure? | Yes | No |
| 5. Do you have a heart condition? | Yes | No |
| 6. Are you Diabetes? | Yes | No |
| 7. Do you suffer from Epilepsy? | Yes | No |
| 8. Are you Asthmatic? | Yes | No |
| 9. Do you currently have any muscular injuries? | Yes | No |
| 10. Is there any other information or problems that you feel may be relevant to you undertaking the course? Yes / No | | |

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:

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 course Payment of €600.

Information regarding the course can be found via **IPF homepage under federation, Coach license.**

Special Note: Please bring your training kit including belt also notebook and pens .